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ABSTRACT

A team led by the author developed and implemented a model program to aid the learning disabled (LD) child in a small school district remote from an intermediate service unit. The program's aims were to help the LD child achieve grade level more readily in the basic skills; to assist him in achieving a higher opinion of himself, his peers, his family, and his school; and to remediate his physical coordination problems. The program contained four basic components: screening, services, evaluation, and refinements. After pscyhological screening and educational prescriptions for classroom use, students were placed in heterogeneous classrooms for general class work and sent to resource rooms for specialized treatment of their disabilities. Parents and staff surveyed at the conclusion of the program commented on students' improved cognitive, affective, and psychomotor performance/behavior. The model was recommended for institutionalization as a school district program for the learning disabled incorporating 12 specific suggestions to enhance future program development. (Appendixes, making up half of the document, include a list of meetings, visits, and conferences; a sample case report; tables on program costs; information on administrative policy regarding psychological referrals; sample referral forms; and annual summaries on several students.) (Author/SBH)

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A MODEL PROGRAM TO MEET THE NEEDS OF THE LEARNING DISABLED CHILD

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1976

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A team led by the writer developed and implemented a model program to aid the learning-disabled child in a small school district remote from an intermediate service unit. The program's aims were to help the LD child achieve grade level more readily in the basic skills, assist him in achieving a higher opinion of himself, his peers, his family, and his school, and remediate his physical coordination problems. The program contained four basic components: screening, services, evaluation and refinements. After psychological screening and educational prescriptions for classroom use, students were placed in heterogeneous classrooms for general class work and sent to resource rooms for specialized treatment of their disabilities. Parents and staff surveyed at the conclusion of the program commented on students' improved cognitive, affective and psychomotor performance/behavior. The writer recommended the model for institutionalization as a school district program for the learning-disabled incorporating twelve specific suggestions to enhance future program development. The writer suggested that other small school districts in similar circumstances might adopt or adapt this program to meet the needs of their LD children.

A Model Program to Meet the Needs of the Learning-Disabled Child

by Joseph P. Fotos[1]

Submitted in partial fulfillment of the
requirements of the National Ed.D Program
for Educational Leaders, Nova University

Introductory

Individual Practicum
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TABLE OF CONTENTS

CHAPTER PAGE

I. THE PROBLEM AND DEFINITION OF TERMS 1

The problem 1

Definition of terms 2

Learning-disabled child 2

Learning disabilities specialist 2

Resource teacher 3

Intermediate unit 3

Resource room 3

II. PRELIMINARY ACTIVITIES 4

Background 4

Typical student deficits 4

How deficits affect others 4

A Need Assessed 5

Teacher observations documented 5

Modes of Delivery 6

The seven models 6

A team decision 6

A re-emphasis 8

III. THE PROGRAM 9

The Components 9

The screening system 9

Explanation and itemization of services 10

The delivery of services - an example 12

CHAPTER PAGE

IV. PROGRAM EVALUATION 15

The Evaluation Process - An Overview........................ 15

Associated activities - formative evaluation............. 16

Other formative evaluations.............................. 17

Summative evaluations - cognitive........................ 22

Additional cognitive measurements........................ 24

Summative evaluations - affective; psychomotor........... 24

More evidence.. 26

V. FINDINGS AND RECOMMENDATIONS 26

Analysis of Teacher Responses Re Program.................... 26

Analysis of Parent Responses Re Program 29

Comments, Conclusions and Recommendations................... 32

Other Applications.. 34

ILLUSTRATIONS

FIGURE 1. How the Model Works..................................... 14

FIGURE 2. A Preliminary Report on the Learning Disabilities Program - Teacher Responses Only 18, 19

FIGURE 3. A Preliminary Report on the Learning Disabilities Program - Parent Responses Only..................... 20, 21

FIGURE 4. End-of-Year Responses Re Learning Disabilities Program - Teacher Responses Only.................... 27, 28

FIGURE 5. End-of-Year Responses Re Learning Disabilities Program - Parent Responses Only..................... 30, 31

APPENDIX PAGE

A Bibliography.. 35, 36

A Meetings, Visits, Conferences............................ 36, 37

B Example of LD Child's Psychological Report............... 38

B Example of LD Child's Prescription........................ 38, 39

B Overview of Typical LD Child's Program.................. 40

C Costs of the Program - Supplies............................ 41

C Costs of the Program - Equipment........................... 42

D Administrative Policy - Psychological Referrals.......... 43- 49

D Administrative Policy - LD Referrals....................... 50- 54

D Annual Summaries of the Target Population*............... 55- 82

E Newspaper Articles on Learning Disabilities Program...... 83- 89

E Wide Range Achievement Scores.............................. 88

E Gates-McGinitie Reading Scores............................. 89

F In-Service Evaluation of Learning Disabilities Workshop.. 90- 95

*These materials may neither be released or duplicated. The information in these summaries is privileged and confidential.

PREFACE

This program owes its success primarily to the classroom teachers who met their obligations to satisfy the needs of learning-disabled children most consistently and conscientiously. They cannot be praised too highly. Their sensitivity, concern and labor were inspirational.

The reading specialists and the teacher aides augmented and contributed to the remediation of these children's deficits with skill and patience. The guidance counselors and the principals played a vital role in overseeing and implementing the sometimes onerous administrative paperwork necessary to any program's progress.

A special note of thanks is owed Mrs. Winifred Low, our learning disabilities specialist, Ms. Meg Rafter, our Middle School teacher of special education and Mrs. Kathryn Vennie, our school psychologist, all of whom played major roles in the implementation of this program.

J.P.F.

CHAPTER I

THE PROBLEM AND DEFINITION OF TERMS

When one mentions the terms "learning disabilities" or "learning-disabled children," one is immediately involved in a controversy. There are those who will claim that these labels camouflage parental or school neglect; others advance the theory that most children suffer a learning disability of one kind or another which results in a variety of inadequate performances both in school and in the community. This writer is not prepared to espouse either of these extreme views. Indeed, the literature suggests support not only for those views but for a spectrum of positions between these stances.[1] At any rate, the issue of who is or who is not a learning-disabled child has been settled legally in the Commonwealth of Pennsylvania.

THE PROBLEM

The Delaware Valley School District, in which this writer is Assistant Superintendent of Schools, had the problem of devising a quality program which identified, was responsive to and responsible for learning-disabled children, and met the mandate of the Pennsylvania Department of Education. The Pennsylvania Department of Education extended its umbrella of mandatory special education programs to be offered by local school districts in the Commonwealth to include children who were considered learning-disabled. Programs for such children were required throughout the Commonwealth's public schools starting in September, 1975.

The Assistant Superintendent assumed the responsibility for the design, organization, monitoring and accountability of a model educational program for the learning-disabled capable of being institutionalized as a permanent district program.

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[1] Martha A. Keller, "The Myth of the Learning-Disabled Child,"THE EDUCATION DIGEST, April, 1976, pps. 17-19.

DEFINITION OF TERMS

Learning-disabled child.

A child is considered learning-disabled when he is deficient in the acquisition of basic learning skills including but not limited to the ability to reason, think, read, write, spell or do mathematical calculations as identified by an educational and psychological diagnosis. According to regulations developed by the Pennsylvania Department of Education[2] a neurological examination performed by a licensed physician is also required to certify a child as learning-disabled. This term does not include persons who have learning disorders which are primarily the result of visual, hearing or motor handicaps or mental retardation or emotional factors or of environmental disadvantage. Further, in ascertaining a learning disability, a certified school psychologist must administer a Stanford Binet or Wechsler Intelligence Test. A child must demonstrate average or above average on such a test.

Learning disabilities specialist.

A teacher possessing special education certification in Pennsylvania may perform the duties of a learning disabilities specialist. Ideally, the teacher would have had several courses related specifically to learning disabilities and clinical experience. In this program (Delaware Valley), the specialist is an itinerant master teacher who evaluates each child and prescribes individual educational programs for each child. Also, she delivers educational services directly to as many children as she can serve.

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[2] Pennsylvania Department of Education 1972: "Standards for Operation of Special Education Programs and Services, 1972, p. 3-B-1.

Resource teacher.

In this program, a resource teacher is a teacher who possesses special education certification in this Commonwealth and is delivering special education services to various children in the school district. In addition, he/she is responsible for delivering special education services to learning disabled children as scheduled. He/she may also prescribe activities for regular classroom teachers to implement in conjunction and cooperation with the learning disabilities specialist. When providing services directly to learning-disabled students, the resource teacher does not combine this activity with providing services to special education students. Stated more concisely, at no time do learning disability students meet with other special education students for instruction by the resource teacher.

Intermediate Unit.

An intermediate unit is an educational organization empowered by the Commonwealth of Pennsylvania, Department of Education, to provide a variety of support services to local school districts. Delaware Valley School District is one of thirteen school districts in Colonial-Northampton Intermediate Unit #20. There are twenty-eight additional intermediate units servicing the other school districts in Pennsylvania. Generally, but not exclusively, these units are heavily involved in furnishing special education services to the schools in their respective units. Their budgets are voted on and their finances are provided by the member schools in the respective units. Some additional funding is provided by the Commonwealth and such federal grants as each applies and becomes eligible for.

Resource room.

Ideally, a resource room is any area set aside specifically to provide special services for special purposes. For instance, a social studies resource room might provide a trained paraprofessional and a variety of supplies and material to aid a student in furthering his studies in social science. In the Delaware Valley School District, there are areas designated as resource rooms, i.e., the reading labs at the middle and high schools, and learning-disabled students receive instruction in such areas. However, because of crowded conditions and the lack of such spaces in the older elementary schools, regular classrooms, special education classrooms and other available spaces are used as needed.

CHAPTER II

PRELIMINARY ACTIVITIES: BACKGROUND, NEEDS ASSESSMENTS AND MODES OF DELIVERY

BACKGROUND

Some typical student deficits.

There are several children in the Delaware Valley School District with the handicap of a learning disability. This handicap manifests itself in a variety of ways interfering with children's natural progress in the cognitive, affective and psychomotor domains. Parents are unhappy with such children's lack of progress and look to the school to provide suitable relief. Teachers report that many of these youngsters read one to five years below grade level and these handicapped youngsters are unable to cope with basic concepts. Further, some have difficulty with physical coordination tasks ranging from simple handwriting to more complex physical exercises and games.

How these deficits affect others.

Because of these handicaps, family, teachers and peers indicate varying degrees of frustration, concern and bewilderment in their relations with the learning-disabled. This often results in concomitant feelings of frustration, anger and despair on the part of the handicapped children. These feelings manifest themselves in a variety of hostile behaviors toward their peers, their teachers and members of their families.

Classroom teachers are unable to give enough attention to these disabled learners, nor do they have enough expertise to diagnose and prescribe for specific learning deficits. Teachers also indicate a lack of specific materials to aid in the remediation of these deficits. Further, some instructors are frustrated or unable, alone, to devise methods which have maximum chances of success in dealing with learning-disabled children.

A NEED ASSESSED

Teacher observations documented.

Teacher reports relative to these handicapped were well-documented by standardized test scores including the Gates-Mcginitie Reading Test and Iowa Tests of Basic Skills at the conclusion of the 1974-75 school year. The Curriculum Development Committee of the Delaware Valley School District, through means of a questionnaire circulated amongst the staff in the spring of 1975, pinpointed professional aid for the learning-disabled child as one of the top priorities in the district.

Psychological reports reinforced teachers' concerns about the inability of these children to function in the classroom without more adequate resources and personnel. Neurological reports indicated minimal brain damage in all these cases impairing learning processes and necessitating professional educational programs for each child with a learning disability. As a result, the school district felt that a special program was required to satisfy the unique needs of each affected youngster. Such a program would provide services so that the learning-disabled child would achieve grade level more readily in reading, mathematics and spelling. Motor skills, where deficient, would improve. Further, his ability to use word attack skills in all the disciplines would allow the learning-disabled child, in time, to understand more fully the world around him, and he would function as a more literate, confident and effective citizen.

MODES OF DELIVERY

The seven models.

There are a variety of ways to deliver services to these children. Department of Education regulations itemize seven such methods:

1. a regular class in a regular school with supporting services.
2. a district special education program in a regular school.
3. a district special education program in a special facility.
4. an intermediate unit program.
5. an approved private school program.
6. a state school program.
7. an approved out-of-state placement.

A team decision - the reasons.

The team investigating these options consisted of Mrs. Kathryn Vennie, district school psychologist; Mrs. Winifred Low, learning disabilities specialist; and Joseph P. Fotos, Assistant Superintendent of Schools. A variety of sites and programs were visited, conferences were attended, articles and books perused for concepts and points of view before recommending to the Superintendent and the Board of Education option #1. - a regular class in a regular school with supporting services. (See appendix A, BIBLIOGRAPHY and MEETINGS, VISITS AND CONFERENCES.)

Since Delaware Valley School District is a small, rural school district

(1852 students, K-12) thirty-five miles from its nearest school neighbor in Pennsylvania, it has unique problems. An investigation of the relatively few learning disabilities programs in operation before the state mandate suggested ideas that could be borrowed, but no program which could be totally adopted. Even though we chose to go with regular classes in regular schools with supporting services, we had to tailor that option to meet the specific needs of our learning-disabled children.

The other options were reviewed and discounted because with the exception of #4 (intermediate unit), the learning-disabled student would be isolated, either in the main or totally, from the rest of the student body. He would meet with learning-disabled students only. The local district philosophy is to mainstream all special education students as much as possible where feasible. This stance is well-supported by the literature.[3] The intermediate unit program was discounted because there would be little local control over any aspect of the program administered by Colonial-Northampton Intermediate Unit #20 whose headquarters is sixty miles from the school district.

Indeed, intermediate unit specialists in learning disabilities do not do remedial work directly with children. Rather, their function is to diagnose, prescribe and work more with teachers who deliver the remedial services to learning-disabled students. There were only two such specialists serving the entire unit comprised of thirteen school districts in the 1975-76 school year.

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[3] David A. Sabatino. "An Evaluation of Resource Rooms for Children with Learning Disabilities," JOURNAL OF LEARNING DISABILITIES, 1972, 36, pps. 527-530.
L. M. Dunn. Special Education for the Mentally Retarded - Is Much of It Justifiable?" EXCEPTIONAL CHILDREN, 1968, 35, pps. 5-22.
J. E. Stanton, & V. M. Cassidy. "Effectiveness of Special Classes for Educable Mentally Retarded," MENTAL RETARDATION, 1964, 2 (1), pps. 8-13.

As to the number of Delaware Valley children completely identified as learning-disabled, there were only six such children as of September, 1975. As the year progressed and more referrals were completed, this number rose to twenty-six by June, 1976.

A re-emphasis.

Children with learning disabilities suffer a variety of deficits in terms of cognitive, affective or psycho-motor development. Often, these children read well below grade level, have excessive difficulty writing legibly and experience short attention spans. Because of these deficits (and numerous others), they are often angry and frustrated in any system which demands an absolute performance level and refuses to recognize their neurological dysfunctions. For instance, a child may have a psycho-motor problem evidenced by poor handwriting or difficulty with body balance, yet read, spell or do other cognitive tasks with ease. Another child may have adequate or exceptional motor skills, but have poor cognitive skills. Affective problems of attitude, usually negative, emanate from such difficulties. The child realizes that he cannot cope adequately with his environment. People not sensitive to his plight demand that he do so. Thus, the negative attitudes toward peers, family and school. Many such children experience deficits in all three areas. Thus, each child must be ministered to in terms of his own disabilities. Delaware Valley School District, recognizing its obligation offered the program described in this paper to meet the needs of its learning-disabled children after considerable research and study.

CHAPTER III

THE PROGRAM

The components

As indicated earlier, a variety of sites and programs were investigated before the following plan was adopted. Moreover, literature was reviewed prior to the formulation of this strategy (appendix A). Basically, the program contains the following components:

1. Screening
2. Services
3. Evaluation
4. Refinements and Recommendations

A chronological account follows.

The screening system.

The screening system is adapted from the system already in use in the district for identifying any special situation. To acquaint each teacher with that system, the Assistant Superintendent codified it and had it adopted as a written administrative policy. Copies were distributed and explained to all teachers at faculty meetings in the fall of 1975. This procedure consists of teacher observations of exceptional behavior, verification by the appropriate principal, referral to and examination by the school psychologist with parental permission, a neurological examination by a physician, notification of the disability (ies) to the parents and a prescription for remediation prepared by the school psychologist and/or the learning disabilities specialist leading to a program agreed to by the parent. Pre-schoolers were screened by the school psychologist for learning disabilities prior to their entry into kindergarten. (See appendix D, pages 43-49 ADMINISTRATIVE POLICY RE PSYCHOLOGICAL REFERRALS with relevant forms for referrals and reports.)

Services itemized and explained.

This model required the services of a school psychologist, a learning disabilities specialist, a reading specialist, resource teachers, classroom teachers, physical education teachers, paraprofessionals, guidance counselors, principals and the assistant superintendent.

The psychologist examined each learning-disabled student, or a student thought to be learning-disabled, made an assessment of deficits, made prescriptions where appropriate, kept records of all data relative to this program and reported at least once a week to the assistant superintendent.

The learning disabilities specialist was an itinerant master teacher. She visited all schools and prepared prescriptive remediation for each classroom teacher for use in the classroom. She worked with learning-disabled students individually or in small groups where such services were required. She served as a consultant to classroom teachers who were experiencing difficulty either with the students themselves or in implementing the prescriptions. She consulted frequently with the school psychologist and the assistant superintendent and kept both apprised of the general progress of the program. Such meetings (consultations) took place at least once a week. Where the learning disabilities specialist could not furnish services to learning-disabled students because of increased numbers or time constraints, resource teachers furnished prescriptions for classroom teachers and acted as consultants to classroom teachers in their respective schools. (In the Middle School, the resource teacher prepared prescriptionsfor six students, provided them with direct remedial services and advised classroom teachers accordingly.) Resource teachers communicated with the learning disabilities specialists and the psychologist relative to their services and the progress of those services.

Classroom teachers, physical education specialists and paraprofessionals implemented the prescriptions suggested by resource teachers and/or the learning disabilities specialist. They communicated directly with the resource teachers/learning disabilities specialist in relation to the program for each learning-disabled child in their charge. The classroom teacher filed quarterly reports assessing the progress of each student in terms of the prescriptions and provided any additional information relative to student behavior/performance. (See appendix D, pages 55-82 for examples of these reports. They are final quarter reports which specify the number of conferences held by date and changes in the original prescription if any.)

The guidance counselors (principal in the elementary school) collected all pertinent quarterly data and forwarded copies of these to the school psychologist retaining the originals for student folders in the building. He/she coordinated conferences initiated by a teacher, parent or specialist relative to pupil performance/behavior. Reports of such conferences were filed in appropriate student folders and copies were sent to the school psychologist.

Principals monitored aspects of the program as it affected students in their jurisdiction. They were present at conferences involving learning-disabled children in their jurisdiction. They were responsible for the follow-through of the screening, implementation and report phases of the program.

The Assistant Superintendent was responsible for inaugurating, coordinating, supervising, monitoring, publicizing and evaluating the program. Such duties included initiating the model in the district with the Superintendent's and Board of Education's approval. He provided in-service opportunities for staff education in learning disabilities, devised administrative procedures necessary for program development, reported to the staff, the parents, the Superintendent, and the Board relative to the program's progress, conducted surveys and formulated questionnaires to facilitate such communication, prepared formative and summative evaluations of the model which assessed the weaknesses and strengths of the program, suggested improvements as a result of parent, staff and student input, and communicated directly with staff and parents as the occasion demanded. Additionally, he devoted time to publicizing the program on "Delaware Valley Presents," the bi-weekly program on radio station WDLC out of Port Jervis, New York (May 20, 1976) and devoted a series in "Delaware Valley Reports," a weekly column in the UNION GAZETTE, to the learning-disabled child and the district's procedures in helping such a child. (See appendix E, pages 83 to 87 for these articles.)

The delivery of these services - an example.

How were the services of the above personnel delivered? A typical case might involve a middle school teacher experiencing difficulty with a fifth grade child who is inattentive,disruptive and academically disadvantaged. She brings this situation to the attention of the building principal by means of a written report describing the child's behavior. The principal verifies the teacher's observations adding his/her comments to the report. A referral is made to the school psychologist. The referral is signed by the parents prior to psychological screening. The teacher/principal report is forwarded to the psychologist along with the referral.

The school psychologist administers a Wechsler intelligence test and a Wide Range Achievement Test. The child registers well above average in intelligence, but the WRAT scores in reading, spelling and arithmetic are two or more years below grade level. The child is referred to a neurologist for further testing. The neurologist finds evidence of brain damage.

The school psychologist, the learning disabilities specialist and all other staff directly delivering educational services to the child meet with the parent(s). An agreement is reached specifying how the present program will be altered to remedy the cited deficits for the balance of the school year. This specific program entails the services of a reading specialist, a learning disabilities teacher, paraprofessionals, the physical education teacher, and the classroom teacher. The loci of instruction include the regular classroom, the reading laboratory, a resource room and the gymnasium. The latter site is required because, in conference, the gym teacher has noted the child's difficulty with balance and perception. (See appendix B, pages 38-40 for write-up of this program)

Quarterly reports by each staff member above (excluding the school psychologist) are filed with the guidance counselor. A copy is forwarded to the school psychologist. The child's program is adjusted (if necessary) in light of the quarterly reports or communication between classroom teachers, parents or specialists indicating that such adjustments are necessary. Where possible, the child is given standardized tests in reading in a large group setting. This procedure is followed by an individual WRAT administered by the school psychologist. Testing occurs in May and June. Progress, if any, is measured against standardized test scores of the previous year and the individual WRAT administered when he entered the program. Affective evidence is gathered through analysis of teacher and parent conferences and surveys describing the child's attitude toward his home, school and peers. Psychomotor progress is measured through discussion with the physical education teacher (and his written reports) and teacher/parent responses to questionnaires. Recommendations for educational services are made for the ensuing school year and a program is formulated by the school psychologist and/or the learning disabilities specialist. All suggestions culminate in written prescriptions. These suggestions are incorporated into the student's cumulative folder for subsequent teacher/specialist use. (See Appendix D, pages 55-82 for examples)

Figure 1., on page 14, describes graphically how the model works.

HOW THE MODEL WORKS

Personnel	Actions	Time
Child	Aberrant behavior in classroom	Any time in school year from September 5, 1975
	↓	
Teacher(s)	Observation, documentation and referral	and
	↓	
Principal	Observation, confirmation and referral	continuing
	↓	
School Psychologist	Observation, evaluation and referral	through
	↓	
Medical Doctor	Observation, evaluation and confirmation of neurological disability	the school year
	↓	
Parents, L.D. Specialist, School Psychologist, all relevant staff, Guidance Counselor, Principal	Conference to determine alteration of child's previous program with parental consent	to
	↓	
L.D. Specialist, relevant staff, Guidance Counselor, Principal, Parents	Specific alterations in child's education program administered with parental consent	June 11, 1976
	↓	
L.D. Specialist, Guidance Counselor, all relevant staff, Principal, Parents	Quarterly reports; parent-staff conferences as requested; adaptation of child's educational program if necessary.	Every nine weeks, September 5, 1975 through June 11, 1976
	↓	
L.D. Specialist, Guidance Counselor, staff, Parents, Principal	Summative evaluation: standardized tests, individual tests, teacher and parent surveys	June, 1976
	↓	
Staff, Parents, L.D. Specialist, Guidance Counselor, Psychologist, Principal	Final teacher reports and teacher recommendations for ensuing year	June, 1976

Figure 1.

CHAPTER IV

PROGRAM EVALUATION

The evaluation process - an overview.

The evaluation design of this program involved the use of a standardized test (Gates-McGinitie) to measure students' progress in reading. An individually-administered test (WRAT) was used to measure student progress in reading, arithmetic and spelling. The former was administered by classroom teachers in normal classroom settings in May, 1976; the latter was administered by the school psychologist in a private setting, May-June, 1976. Where possible, progress was measured vis-a-vis similar tests given a year ago. (See appendix E, pages 88, 89 for raw data)

Additionally, classroom teachers involved in the program were surveyed twice by questionnaire, once in March, 1976 and again in May, 1976. (See figure 2. on pages 18,19 for results of March survey, and figure 4. on pages 27, 28 for results of May survey.) These questionnaires were given to principals of the respective schools who distributed them to the teachers concerned. Principals were responsible for the return of the completed questionnaires, unsigned, to the assistant superintendent. Generally, the questionnaires were completed by teachers at a short meeting convened by the principal.

Parents of learning-disabled children were mailed questionnaires in March and May, 1976, at the same times teachers were filling out their questionnaires. (See figure 3. on pages 20,21for results of March survey, and Figure 5 on pages 30, 31 for results of May survey.) In both instances, parental returns were slow in coming even though a return stamped envelope was included in the mailing. (The number of teachers and parents involved in the March survey was smaller than the May-June survey because there were fewer students in the program at the earlier date.) Eventually, the Assistant Superintendent had his secretary call each parent to ascertain whether or not each had returned a questionnaire. (This occurred with the May mailing, only.) In those cases where a return had not been made, the secretary received permission of the parent to respond to the questionnaire by telephone. While this eliminated some of the anonymity the Assistant Superintendent had originally desired, it was the only way to retrieve enough information to make parental responses a valid component of the evaluation. Even with this, contact was not made with every household of children involved in the program.

Associated activities - some formative evaluation procedures.

There are some activities which are related to formative evaluation which should be mentioned here. One entire in-service session was devoted to exploring educational problems related to learning disabilities. A specialist from Intermediate Unit #20 did an effective job in acquainting staff and interested parents with the problems of a learning-disabled child. (See appendix F, pages 90-95 for staff evaluation of this session.)

An in-service course in learning disabilities was offered for credit in the Delaware Valley High School for all staff in the fall of 1975. Regrettably, not enough staff signed up for the course. Several indicated that they had already had courses in learning disabilities while others had committed themselves to other courses or extra-curricular duties prior to the offer. Figure 4. on page 27, questions 1 and 2, explain the situation quite graphically. The course will again be offered in the fall of 1976.

There were three meetings with staff involved in delivering services to learning-disabled children chaired by the Assistant Superintendent. The first was held in the fall of 1975, the second at the mid-point of the year in March, 1976, and the last in June, 1976. The first meeting was introductory in nature. The March meeting raised a number of questions which resulted in the publication and dissemination of a document entitled PSYCHOLOGICAL REFERRALS RE LEARNING DISABILITIES (see appendix D, pages 50-54). The final meeting involved thanking the teachers for their input and conscientiousness in filing their Annual Summary Reports.

Other formative evaluations - questionnaires.

As mentioned in the overview, in March, 1976, questionnaires were distributed to staff and parents involved with learning-disabled children. Some of the questions were worded as to elicit data not necessarily tied to the objectives of the program. In a sense, these questions were open-ended asking for strengths, weaknesses and suggestions for improvement. Additional comments of a general nature were solicited. Thus, this stage of the evaluation was relatively goal-free. (See figures 2 and 3 on pages 18, 19, 20 and 21 respectively.)

Since a strong aspect of this program was its individualization, quarterly reports and parental conferences served as additional intermediate evaluations, which, in turn, resulted in alteration of some prescriptions and treatments. The process itself was not significantly altered since the thrust of the mid-term evaluations indicated no serious problem with the process. Some respondents stated some dissatisfaction with prescriptions, but these situations improved as a result of increased communication between the specialists and the classroom teacher. Generally, the parents and staff were satisfied with the program, but the staff suggested more concrete ways of improving the program.

And, the Assistant Superintendent, the psychologist, the specialists communicated with each other frequently relative to the program's progress.

Delaware Valley School District
105 W. Catharine Street
Milford, PA 18337

A PRELIMINARY REPORT ON THE LEARNING DISABILITIES PROGRAM
TEACHER RESPONSES ONLY

March, 1976

One aspect of an evaluation is how professionals relate to that program. This is such an evaluation. A more comprehensive evaluation will include parental and student input and achievement analyses at a later date. ONLY TEACHERS WORKING WITH L.D. CHILDREN PARTICIPATED IN THIS SURVEY.

1. Did you receive prescriptive information from the learning disabilities or resource teacher for children identified as l.d. students in your classroom?

YES - 16
SOME - 1
NO - 1

TOTAL 18

2. If received, was the information specific and relevant in your opinion?

YES - 11
NO - 7

TOTAL 18

3. Was (Were) the prescription(s) of benefit to you as a teacher in helping this (these) exceptional child (children)?

YES - 6
OF SOME BENEFIT - 5
OF LITTLE BENEFIT - 3
OF NO BENEFIT - 3
NO ANSWER - 1

TOTAL 18

4. As a result of your implementation of prescription(s) and the work of resource specialists, have you noted any improvement in this (these) exceptional child (children)?

YES - 8
YES AND NO - 4
NO - 2
NO ANSWER - 4

TOTAL 18

Figure 2.

5. Have you any suggestions for improvement? (multiple responses included)

Workshops giving specific information and methods of application - 1

More communication between LD specialist and teachers/conference between LD specialist and teachers every other week - 2

A more elaborate prescription for child according to the subject area being considered - 1

We need more materials to work with - 2

More specific information concerning prescriptions should be given - 2

Children (should not be) taken out of classroom during important subjects - 2

Too much absenteeism on part of child - 2

Full time class for some/or more full time attention - 4

The child must put more effort into work - 1

We need more aides/l.d. personnel - 2

(Data prepared by Joseph P. Fotos)

Figure 2. (cont.)

Delaware Valley School District
105 W. Catharine Street
Milford, PA 18337

March, 1976

Dear Parents:

I would like to thank all of you for your responses to the PARENT QUESTIONNAIRE. Of seventeen children (14 households) surveyed, and after three mailings, we received seven responses relating to nine of the children in the program. Here are the results of the survey. I have edited children's and staff people's names with the exception of Mrs. Low.

THE RESULTS

1. As a result of the learning disabilities program, have you noticed any changes in your child concerning attitude toward home and school, academic progress and/or motor skill development (handwriting, walking, etc.)? Would you please elaborate below?

(Not all respondents remarked on progress in all three categories.)

Much improvement in academic progress	- 2
Improvement in academic progress	- 1
Some improvement in academic progress	- 1
Little improvement in academic progress	- 1
Much improvement in attitude toward school	- 2
Improvement in attitude toward school	- 3
No change in attitude toward school	- 2
Some improvement in motor skills	- 1
Little improvement in motor skills	- 2

2. Do you feel that you are free to communicate with the staff/school concerning the program and how it affects your child?

Good to very good communications	- 7

Figure 3.

3. Have you any suggestions for improvement?

   a. Get children into program sooner/faster - 1

   b. Work out a Learning Disabilities Program on all grade levels - 1

   c. None - 2

   d. Employ additional people for the program - 1

   e. Set aside a couple of hours a week to keep children in tune with what they have learned all winter - 1

   f. More time with specialists - 1

SOME ADDITIONAL COMMENTS

Progress in program due to Mrs. Low and classroom teacher. - 3

Children's present program is correct - grouping these children together all day would be detrimental to them.

Hire more Mrs. Low's.

For my son the program is working.

A child should not have to be brain-damaged to get this additional help.

What kind of teaching will (my son) receive in Middle School, next year?

We are well-pleased with the program.

Program is something, not good, but better than nothing and I hope that the necessary improvements and involvements will get better.

The improvement in my child is absolutely wonderful.

Both (teachers) have helped (my child) a great deal.

When (he) doesn't understand his work he wastes time and then doesn't complete his assignments.

Joseph P. Fotos

Figure 3. (cont.)

Summative evaluations - cognitive measurement.

It is important to note that cognitive gains, especially at the initial stages of a program such as this, and as measured through formal standardized testing, are not too reliable indicators of progress. This is so because of the variety of deficits which learning-disabled children may bring to a testing situation. Hyperkinetic children with their directionless, short attention spans, dyslexic children who see the printed page in a disoriented fashion, aphasic children with severe verbal and written language deficits will experience great difficulty in coping with a controlled, timed test which is highly dependent on the written word. And these deficits only begin an account of the whole spectrum of disabilities borne singly or in multiples by these exceptional children. (See Johnson and Myklebust[4] for a comprehensive list and suggestions for treatment.)

Nevertheless, one of the objectives of this program was to have the learning-disabled child progress one month in cognitive development for every month he was in the program. Specifically, the cognitive areas to be measured were reading, spelling and arithmetic. The Wide Range Achievement Test (WRAT) and the Gates-McGinitie Reading Test were used to measure this development. The WRAT is an individually administered test which measures reading, arithmetic and spelling. The Gates-McGinitie is a group standardized test which measures vocabulary and reading comprehension. The writer had hoped to include the Iowa Test of Basic Skills as still another measurement, but the test is not given to second-graders in this district, some of whom are part of the target population.

---

[4] D. R. Johnson & H. R. Myklebust. Learning Disabilities: Principles and Practices, New York: Grune & Stratton, 1967.

Some of our children had great difficulty in coping with formal testing situations. Two incidents, in particular, which were brought to the attention of the assistant superintendent, dramatize this problem. In one instance, a student simply filled in answers on one of the standardized tests without pausing to analyze the questions. In the other instance, a child became so upset taking a group standardized test that he was excused from completing the sequence. (See Annual Summary Reports in appendix D, pages 63, 67 and 73 for teacher observations of this phenomenon.)

While the raw data for both the WRAT and Gates-McGinitie may be found in appendix E, pages 88, 89, the mean results of these tests appear below. Invalid scores (student difficulty with tests) are subtracted from the tested population. For this reason, the average months in program and the number measured in a test or a component of a test will vary. While there were twenty-six students identified as learning-disabled by the end of the school year, the data below is descriptive of eighteen students. Students less than three months in the program are excluded in these analyses.

WRAT

	Average Gain	Average Months in Program	Number of Valid Scores
Reading	+6.0 months	7.9 months	17
Spelling	+4.1 months	7.9 months	15
Arithmetic	+7.0 months	7.0 months	16

GATES-MCGINITIE

	Average Gain	Average Months in Program	Number of Valid Scores
Vocabulary	+9.0 months	8.4 months	17
Comprehension	+8.0 months	7.9 months	14

While objectives were not met as measured by the WRAT reading and spelling tests, they were met or exceeded by the WRAT arithmetic and Gates-McGinitie vocabulary and comprehension tests.

The pre-test data consists of scores in identical tests taken the previous year (Gates-McGinitie) and the tests administered by the school psychologist when the students entered the program (WRAT).

Additional congnitive measurements.

Perhaps a more accurate assessment of these eighteen children is better provided by a perusal of the Annual Summary Reports. (See appendix D, pages 55 to 82 for raw data.) Here we find specific evidence of improvement in cognitive development as it relates to classroom performance. To understand this clearly, the writer has included the reason(s) for which children were originally referred and matched these to the improvements noted in the summary reports. These data follow.

Reason(s) for Referral		Teacher-Noted Improvements (Summary Reports)	
Poor reading skills	14	In reading skills	14
Poor arithmetic skills	10	In arithmetic skills	10
Poor other lang. arts skills	8	In other lang. arts skills	8
Poor spelling	9	In spelling	9
Poor sequential memory skills	3	In organizational/study skills	4
Poor organizational/study skills	4	In social science	1
		In science	1

It is important to note that most children were referred for more than one cognitive deficiency.

Summative evaluations - affective and psychomotor evaluation.

The original objectives of this program included statements concerning improvements in children's attitudes and physical coordination. These statements are reproduced below.

FOR THOSE WITH AFFECTIVE DEFICITS:

A child will show a positive attitude toward himself, his peers, his home and school. Measurement of these will be furnished by written quarterly teacher observations, by semi-annual and annual parent and teacher responses to questionnaires asking for affective feedback, and through conference minutes where appropriate.

FOR THOSE WITH PSYCHOMOTOR DEFICITS:

A child will progress in walking, running, skipping, balancing, handwriting, etc., such progress registering to the satisfaction of his teachers as documented in quarterly reports or other written data substantiating direct observations. Parents will be surveyed by means of semi-annual and annual questionnaires relative to observed progress.

As in the case of assessing children's progress cognitively by consulting the Annual Summary data, one may glean the following improvements vis-a-vis reasons for referral in analyzing affective and psychomotor progress. These data follow.

Reason(s) for Referral		Teacher-Noted Improvements (Summary Reports)	
Affective difficulties:		Affective Improvements:	
Poor attention span	2	In attitude toward self, school	7
Distracted by outside concerns	2		
Poor attitudes toward self, school	9		
Psychomotor difficulties:		Psychomotor Improvements:	
Poor handwriting	14	In handwriting	14

It is of note to re-emphasize that children with affective and/or psychomotor deficits may also have been referred for cognitive deficits.

More evidence of improvement.

Additional evidence of children's cognitive, affective and psychomotor improvement is found when the results of the parent and staff end-of-year questionnaires are analyzed. (See figures 4 and 5 on pages 27, 28 and 30,31)

CHAPTER V

FINDINGS AND RECOMMENDATIONS

Analysis of teacher responses re program.

The overwhelming consensus of teacher responses (May, 1976) as indicated in the data which comprises figure 4 shows that classroom teachers received adequate information from the learning disabilities specialist or the resource teacher, that it was of benefit to them in helping learning-disabled children, and that as a result of this program they noted specific improvement on the part of the learning-disabled group. Twenty-one responses indicated that this improvement was largely in attitudes, behavior and organizational skills. Six responses noted improvement in cognitive and psychomotor areas.

There were fifty-three recommendations made by these twenty-five respondents. These recommendations involved space, personnel, materials and the process itself. The most dominant space recommendation involved the creation of a resource room at the Middle School. Personnel recommendations ranged from hiring full-time additional specialists for elementary and middle schools to hiring specially trained aides to assist specialists now involved in the program. Teacher process recommendations largely centered on scheduling problems. These included scheduling children for outside class help so that they would not miss basic class work. Also, teachers requested more planning

(continued on page 29)

Delaware Valley School District
105 W. Catharine Street
Milford, PA 18337

May, 1976

1. How many courses have you had specifically related to the problems of the learning-disabled child?

NONE	11
ONE	7
TWO	5
SIX	1
SEVEN	1

2. Would you like to take a course, locally, for in-service credit in the fall, 1976?

YES	14
NO	9
NOT SURE	2

3. Did you receive prescriptive information from the learning disabilities specialist or resource teacher for children identified as l.d. students in your classroom?

YES	18
NOT DETAILED	3
AFTER A WHILE	1
NO	2
N.A.	1

4. Were these prescriptions of benefit to you as a teacher in helping these exceptional children?

YES	14
IN SOME WAYS	5
NOT MUCH/NOT ENOUGH	2
NO	2
N.A.	2

5. If they were of no help, what did you do?

ADAPTED MY OWN PROGRAM TO MEET NEEDS OF CHILD	6
CONSULTED WITH RESOURCE TEACHER AND SPECIALIST	2
NOTHING	1

6. As a result of the total program, have you noted any improvement in the exceptional children you serve?

YES	20
SOME	4
MINIMAL	1

PLEASE EXPAND ON THIS REPLY BELOW (Multiple Responses)

MOST IMPROVEMENT IN ATTITUDE, BEHAVIOR AND ORGANIZATIONAL SKILLS	14
YOUNGER STUDENTS SHOWED QUICKEST AND BEST PROGRESS	1
IN BASIC SKILLS	1
IN HANDWRITING	2
IN SPELLING	1
IN PHONETIC SKILLS AND READING ABILITY	2

Figure 4.

7. Please make specific recommendations for improving this program. Also, feel free to make other comments below:

(Multiple responses tallied)

SPACE RECOMMENDATIONS

Middle School resource room needed	3

PERSONNEL RECOMMENDATIONS

Hire a full-time LD specialist for Middle School	4
Hire a full-time specialist for elementary schools	1
Hire an aide and train her to help LD specialist	2
Another specialist should be hired	3
More help for specialist	1
Hire an aide for Shohola Elementary School	1

PROCESS RECOMMENDATIONS

Make division of duties more specific for special education personnel	1
A full-time LD class is needed	4
Schedule children so they don't miss basic class work	6
LD specialist should have direct contact helping children in classroom	1
More time should be provided for team conferences	1
Separate meetings on each child should be held with LD specialist	1
There should be more LD specialist time for students, planning, meetings, etc.	4
There should be better communications between administration, specialists and teachers	1
There should be more one-on-one specialist-student work	3
There should be meetings between LD teacher and reading specialist to discuss problems	1
The LD teacher should not have to travel so much	1
Prescriptions should be given at the beginning of the school year	1
There should be better scheduling and the schedule should be consistently adhered to	5
A summer program should be provided for LD children	1
All LD children should be bussed to Matamoras Elementary School and then assigned to homogeneous home rooms	1
Reports should only be written twice a year	1

MATERIALS RECOMMENDATIONS

Have a review of materials available to use with the LD child	1
More specific LD material needed to work with students in class	2

OTHER RECOMMENDATIONS

Have a closer contact with Intermediate Unit	2

time so that they could meet and plan adequately with specialists. Teacher recommendations relative to materials emphasized a need to review present materials available for use and to order additional materials for the teacher to help the learning-disabled child in the classroom.

Analysis of parent responses re program.

Fifteen parents responded to the questionnaire or telephone contact as previously described. The overwhelming consensus of parental response is that their children's cognitive skills were the same or better with reading registering a much better tabulation than arithmetic in this regard. (It is interesting to contrast this parental evaluation with the results of the WRAT scores where somewhat the reverse is recorded.)

As in the case of the teacher responses, most parents note a definite improvement in attitude and study habits. Those parents whose children suffer from psychomotor deficits indicate improvement in physical coordination.

The fifteen individual parent written questionnaire/phone responses yielded eighteen recommendations involving space, personnel and process. These parent recommendations mirror the teacher emphases. A need for more resource space, more specialists and better student scheduling are cited. Figure 5 on pages 30 and 31 describe this activity more fully.

Delaware Valley School District
105 W. Catharine Street
Milford, PA 18337

May, 1976

PARENT QUESTIONNAIRE

1. As a result of the learning disabilities program, have you noticed any positive changes in your child?

Check one:

His/her attitude is better at home	10
His/her attitude is the same	4
His/her attitude is worse	1

Check one:

His/her reading is better	12
His/her reading is the same	2
His/her reading is worse	1

Check one:

His/her arithmetic is better	5
His/her arithmetic is the same	7
His/her arithmetic is worse	2
No previous problem	1

Check one:

His/her study habits are better	7
His/her study habits are the same	4
His/her study habits are worse	2
No answer	2

Check one:

His/her physical coordination is better	7
His/her physical coordination is the same	3
His/her physical coordination is worse	0
No previous problem	5

PLEASE ADD ANY COMMENTS TO NUMBER 1 BELOW:

(NONE RECORDED)

Figure 5.

-over-

Page two - Parent Questionnaire

2. Are you satisfied with the conference procedure? YES 15

2. NO 0

3. Did you feel free to communicate with the staff/school concerning the program and how it affected your child? YES 15

NO 0

3.__________

4. What specific suggestions, recommendations or other comments would you like to make concerning the Delaware Valley School District's learning disabilities program?

(Multiple Responses Tallied)

SPACE RECOMMENDATIONS

Middle School resource room needed	1
Resource rooms badly needed	2

PERSONNEL RECOMMENDATIONS

Need more specialists in program	3
Add an aide to Shohola School	1
Too few people working with too many kids	1

PROCESS RECOMMENDATIONS

More specialist hours should be spent on children	3
Children should not miss basic classes	1
Specialist should follow elementary children into Middle School	1
There should be an evening discussion group for LD parents to exchange problems and solutions	1
The procedure for getting help for an LD child should be shortened	1

OTHER RESPONSES

Satisfied with program	3

Comments and Recommendations.

There is no question that parents and teachers feel that the current learning disability program in the Delaware Valley School District is meeting the needs of learning-disabled children within its boundaries. Children's attitudes, skills and classroom performance have demonstrably improved. However, to enhance that program even further, this writer endorses many of the recommendations made by teachers and parents involved in the program. These appear below.

The assistant superintendent recommends that:

1. this program be officially institutionalized in this district.
2. the control of this program remain at the local level.
3. a resource room at the Middle School be designated specifically for learning-disabled activities. (This recommendation does not preclude the use of other areas in the Middle School where appropriate, i.e., Ms. Rafter's room and the reading lab.)
4. more specialist/aide time be allocated to the total program.
5. learning-disabled students not take group, standardized tests unless previous experience dictates otherwise.
6. more materials specifically created to aid the teacher in helping the learning-disabled child be ordered.
7. time be set aside to explain the use of special materials (ref. #6).
8. principals plan more meetings so that teachers of LD children may meet with specialists regarding the improvement of delivering LD services to disadvantaged children

9. principals schedule LD children so that they miss as little basic classroom work as possible. Care must also be taken to ensure that activities these youngsters look forward to, especially, physical education, are not consistently denied them to accommodate this suggestion.

10. specialists' time be better allocated and specialists' schedules be more consistently adhered to.

11. teachers who have not taken courses in learning disabilities take such a course to be offered at the Delaware Valley High School in the fall of 1976.

12. this program undergo annual evaluation which solicits information and suggestions for improvement from staff and parents.

Implementation of recommendations.

The additional expense of these recommendations may be safely borne by this school district without materially affecting the budget for the school year, 1976-77. Mr. Gilfillan, Middle School Principal, had already anticipated the need for a resource room which is now being prepared next to the library. With the low enrollment in the elementary and middle school special education classes, these specialists, if properly scheduled, will ease the case burden on Mrs. Low, our learning disabilities specialist. More teacher aide time must be built into the program to ease further the burden of the itinerant master teacher. Additional materials for learning-disabled instruction have already been specified and ordered. The remaining suggestions involve effort and commitment rather than additional finances.

Recommendations #1. and #2. are of prime importance. This writer does not feel that Intermediate Unit #20, sixty miles from this school district and experiencing severe budget limitations, will provide anywhere near the comprehensive, personal services to learning-disabled children and the latter's parents and teachers that this district has demonstrated it is able to provide. This is not to denigrate the personnel or the programs that the intermediate unit presently delivers to its constituents. However, most of the unit's other constituent members are within a reasonable travel range and direct communication with those responsible for delivering specialized services is much easier.

Other applications.

It is presumptuous to suggest that this district's learning disabilities program is applicable for all school districts. However, many of the problems we have encountered will be encountered by those who embark on a similar course. By using this account of our travails, other districts may avoid the problems and adopt the successful procedures and practices inherent in this model. Certainly, any small district, remote from a service center, and desirous of maintaining its autonomy might adapt this program to meet the needs of its learning-disabled students with considerable success.

APPENDIX A

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APPENDIX A

BIBLIOGRAPHY

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MEETINGS, VISITS, CONFERENCES

4-24-75 a. Visit to Tracy Elementary School, Easton, PA. (IU/LD class) Children in regular classroom came to LD resource room for specific period a day.

2-24-75 b. Visit to ___________ Elementary School. Limitations in LD teacher's background made program ineffective.

fall/1974 spring/75 c. Conferences with instructors at Hofstra University where Winifred Low has had intensive instruction in understanding and helping the LD child.

9/74 to present d. Elementary middle and high school staffs have emphasized the need for helping the LD student in their faculty meetings.

e. The Delaware Valley speech and hearing specialist is supportive of the team concept in dealing with students who have multiple disabilities.

f. The collective conference experiences of the district psychologist, the reading specialist, special education teachers and guidance counselors indicate a need for a meaningful LD program.

APPENDIX A

MEETINGS, VISITS, CONFERENCES

9/74 to present	g. The Curriculum Development Committee has urged the creation of a program to deal with the learning-disabled child.
9/29/75 & 9/30/75	h. Intermediate Unit #20 scheduled an in-service workshop for LD teachers, itinerant master teachers, etc., to discuss diagnostic and prescriptive programs/procedures to aid the learning-disabled child. Mrs. Low attended

Student:	Raymond Fasnacht - File #9357	Date of Report:	9-12-75
School:	Delaware Valley Middle School	Date of Birth:	Age 10.5
District:	Delaware Valley School District	Evaluated by:	Kathryn Vennie Dist. Psychologist
Grade:	5		

Winifred Low - M.S., I.M.T. and
L.D. Specialist

Reason for Referral:

Raymond has difficulty with reading, spelling, and writing tasks, and functions below grade level.

Tests Administered:

Illinois Test of Psycholinguistic Abilities (I.T.P.A.)
September 11, 1975, PLA 8.10

From Child Study Center - WISC: Verbal 97 Performance 93 Full Scale 95
July 24, 1975

From Child Study Center - WRAT: Reading 2.7 Spelling 2.5 Arithmetic 3.6

Learner Characteristics:

Raymond's areas of weakness include:

- visual memory
- visual sequential memory
- verbal expression (showed weak in the test situation, however, it is felt that he has more verbal fluency in a more relaxed situation).

Raymond's strengths:

- are in auditory channels

General Prescriptive Statement:

Since Raymond is weak in most visual areas, and is better in performance tasks, afford him as many experiential opportunities as possible. He needs manipulatives and concrete experiences to aid in understanding and remembering abstract concepts.

Spelling is an excellent avenue to use when teaching sight vocabulary. It can aid in word attack skills and phonics concepts as well. Start with short, phonetically regular words, grouped in word families. Present him with a word in the "word family" group. Have him carefully write the word (and say the letters in the word as he writes it for additional vocalization and kinesthetic feedback, similar to Fernald's multisensory approach). Upon subsequent presentations, have him note the same pattern in the endings, so he can concentrate on the initial consonant, and reinforce, auditorily, visually, and in a motor response (writing) the correct sequence or pattern of the words. Have Raymond read back each list of words.

Gradually shorten the length of time for presentation. Have him try to remember or visualize how it looks. Gradually go from initial consonants to consonant blends: "pan-plan, ran-bran, sing-swing, etc.", then to more difficult blends: "sing - sting - string", and gradually to phonetically irregular words and longer words.

When working with root words and endings, keep the presentation of words in a structured format initially to aid an auditory, kinesthetic and visual organization and reinforcement. Group words with similar structure: "hurry-hurries-hurried, carry-carries-carried", etc... Pair pictures with words (in word families): "fan, man, pan", "hen, men, ten".

A coordinated approach in spelling and sight vocabulary to be carried out by the Reading Specialist, classroom teacher (Miss Magliaro) and the L.D. resource teacher or I.M.T. and aides should make it easier and aid in reinforcement for Raymond.

Using his spelling and sight vocabulary words, he should also be encouraged to make the words using "scrabble" letters, as his areas of strength are in manipulative tasks. Close monitoring is essential to aid him in seeing the patterns of words and reinforcing correct responses.

Reading - using spelling and sight vocabulary words Raymond will follow the suggested class activities including dictionary skills, definitions, sentences, etc.. He can also tape his own stories, to be written for him (and others) to read back. This may motivate interest in more difficult words to incorporate in his sight vocabulary list words. His reading should be part of a totally coordinated program.

Math - Raymond should have practice using manipulatives to see and work with "things" (or coins, as he already has expressed interest and ability with coins). He needs the underlying concrete experience to understand the abstract concepts of renaming in math. To help him overcome some of his difficulty with subtraction in renaming (or "borrowing") - encourage him to use dollar bills, change them into coins so that he can then subtract and show him the relationship of "undoing" the addition process. Pair the addition and subtraction facts to aid him in making this connection.

A coordinated effort to aid him in telling time could be started by: (unobtrusively, so as not to embarrass him in front of his peers) asking him at the beginning and end of each period "what time is it?" to start an awareness of time.

Suggested Behavioral Objectives:

Given a word from his current spelling word list, Raymond will be able to read it, spell it, write it correctly, construct it out of scrabble letters.

Winifred H. Low, M.S.
I.M.T. and L.D. Specialist

OVERVIEW OF RAYMOND FASNACHT'S PROGRAM

Implementers	Environment	Objectives (content areas)	Times	Materials
Classroom teachers:		(see specific prescriptions for each teacher)		
Mr. Wotanis (also has Special Ed. Certificate)	Classroom	(Instruction of Content Areas)	Scheduled Class Time	(See specific prescription for each teacher)
Miss Magliaro	Classroom	(Remediation & Instr. Reading, Spelling, Math)	Scheduled Class Time	
Mr. Sekol	Physical Education	Modified Adaptive Phys.-Ed. Program to Remediate Motor-perceptual Difficulties	Phys.-Ed. Class Time	(See Mr. Sekol's Program)
Mrs. Shay	Reading Lab.	Remedial Reading Instruction (joint-modified prescriptive reading and L.D. W. Low & W. Shay)	1/2 Hr. Three times per week	See Mrs. Shay's Perscription
Aides (under classroom teacher and L.D. Spec. supervision)	Classroom & Reading Lab.	Carry out prescriptions of teachers, Reading Specialist and L.D. Specialist	Hrs. Weekly	(According to prescription)
L.D. I.M.T.		Remediate underlying deficits Increase skills levels Reading, Writing, Spelling, Math	3 Hrs. Weekly (flexible to increase time)	See Prescription

APPENDIX C

COSTS OF THE PROGRAM

Salary of one learning disabilities specialist	$13,900.00
Supplies*	616.16
Retirement benefits	813.15
Social Security	813.15
Workmen's Compensation	30.58
Insurance benefits	747.84
Instructional Equipment**	698.44
TOTAL COSTS	$17,864.32

SUPPLIES*

4 boxes Colored Inch Cubes	$27.00
4 boxes Colored Inch Cube Designs	14.00
4 boxes Colored Inch Designs in Perspective	14.00
4 boxes Small Parquetry	19.00
4 boxes Small Parquetry Designs I	14.00
4 boxes Small Parquetry Designs II	14.00
4 Peg Board Designs	41.00
4 Sequential Picture Cards I	5.60
4 Sequential Picture Cards II	13.00
4 Sequential Picture Cards III	13.00
2 Basic Cut Puzzles	39.00
1 Set 1 - Norms and Everyday things	39.00
1 Set 2 - Verbs, Action Words	39.00
1 Set 3 - Basic Concepts	39.00
1 Phonics Program Set 1	39.00
1 Phonics Program Set 2	39.00
1 Phonics Program Set 3	39.00
1 Math Program Set 1	39.00
1 Math Program Set 2	39.00
1 Fraction Mastery Program Set 1	55.00
	$550.60
Freight and Handling Charges	110.56
Total Supplies Cost	$661.16

APPENDIX C

COSTS OF PROGRAM (cont.)

EQUIPMENT**

Auditory Perception Unit	$275.00
Language Master Console	250.00
Language Master Play	109.95
	$634.95
Freight Charges	63.49
Total Equipment Cost	$698.44

APPENDIX D

Administrative Policy Re Psychological Referrals 43-49.

Psychological Referrals Re Learning Disabilities 50-54.

Annual Summaries 55-82.

Delaware Valley School District
105 W. Catharine Street
Milford, PA 18337

ADMINISTRATIVE POLICY RE PSYCHOLOGICAL REFERRALS

1. When a staff member feels that a child's behavior is abnormal enough to warrant further evaluation, that staff member shall note the specific behavior(s) and report his/her concerns to the principal. After subsequent on-site evaluations, if the principal agrees with the teacher's evaluation, a parent conference will be arranged to apprise the parent of the school's concern. Where possible, this initial conference should include a guidance counselor.

2. At such a conference, and if deemed necessary by the participants, the permission of a parent shall be secured if the child is to be referred to the school psychologist for further evaluation. Principals should make sure that the parent(s) sign(s) such a form prior to psychological testing.

3. The request for psychological evaluation should be accompanied by pertinent data observed by the staff member and the principal. Such data should be organized and legible. Parents shall be kept informed at all subsequent stages of this procedure by the school psychologist or her designee.

4. After appropriate testing, etc., the psychologist's evaluation shall be forwarded to the principal and the staff member who initiated the referral procedure. The psychologist's evaluation shall be returned to the principal and staff member within four working school weeks of the initial day of receipt of the psychological referral.

5. Whenever recommendations are made by the psychologist, following referrals, testing procedures and outside consultation when necessary for staff to implement, the guidance counselor(s)*, in conference, shall make the teacher(s) aware of the specifics of the psychologist's recommendations. The psychologist shall be available for consultation at such a conference.

6. The guidance counselor shall compile a summary of such a discussion, share it with the teacher(s) involved and forward the summary to the district psychologist for inclusion in the appropriate student's psychological file. The summary, (Form IPR #1) will be signed by the counselor and the teacher(s) in attendance at the conference. A dated copy of the recommendations only (Form IPR #2) will be inserted in the student's permanent folder. At all levels of this procedure the counselor(s) shall keep building principals informed.

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*or principal at elementary level

7. The teacher(s) implementing the recommendations shall file a quarterly report (Form IPR #3) with the appropriate counselor specifying the manner in which the recommendations are being implemented and the results of that implementation. The counselor shall file the quarterly report in the student's permanent folder, signed by the counselor and the teacher. A copy of the report will be sent to the district psychologist to be inserted into the appropriate file.

8. A conference may be instituted by the parent, teacher, counselor, principal or psychologist at any time to assay the progress of recommendations as they affect the student. A record of any such conference (Form IPR #4) shall be inserted into the appropriate student's permanent record folder and a copy shall be forwarded to the district psychologist for filing.

9. An end-of-the-year summary (Form IPR #5) will be prepared by the classroom teacher indicating the effects of implementing the initial recommendations, any change in the original recommended approach, the number of conferences held with all resource people and parents, and teacher recommendations for the forthcoming year. The respective school guidance counselors will be responsible for the collection of these data and insertion into the appropriate permanent folders. Copies of these insertions shall be forwarded to the school psychologist by guidance counselors for appropriate psychological filing.

PSYCHOLOGICAL REFERRAL (IPR #1)

Summary of Discussion re Initial Recommendations:

Name of Student______________________________ Date__________

Grade____________________________________

Age_____________________________________

Teacher(s) Signature__________________________

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Counselor(s) Signature__________________________

PSYCHOLOGICAL REFERRALS (IPR #2)

Specific Recommendations for________________________________,

Grade________________________________

Age________________________________

Date________________________________

Counselor's Signature________________________________

QUARTERLY REPORT - PSYCHOLOGICAL REFERRAL (IPR #3)

Name of Student________________________________ Date______________

Grade____

Age____

Please be specific in terms of the initial recommendations:

Teacher(s) Signature(s)______________________________

____

____

____

Counselor's Signature______________________________

CONFERENCE REPORT - PSYCHOLOGICAL REFERRAL (IPR #4)

Name of Student ______________________________ Date ______________

Grade ______________________________

Age ______________________________

Conferees shall sign their names below, indicating their status, i.e., parent, psychologist, counselor, etc.:

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ANNUAL SUMMARY - PSYCHOLOGICAL REFERRAL (IPR #5)

Name of Student ______________________________ Date ______________

Grade ______________________________________

Age ____

1. Number of Conferences held (specify by dates): ________________

   ____

2. Changes in original recommended approach:

3. Effects of Implementation:

Preparer(s) of this report shall sign below. Please indicate status, i.e., psychologist, counselor, teacher, etc.:

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Delaware Valley School District
105 W. Catharine Street
Milford, PA 18337

PSYCHOLOGICAL REFERRALS RE LEARNING DISABILITIES

These guidelines serve to clarify the psychological referral policy as it relates to the learning-disabled child. It is important to remember that none of us should make arbitrary determinations of learning disability, retardation, etc., relative to students for which we are responsible. The psychological referral policy indicates teacher responsibility in initiating testing and other evaluative procedures to help determine the probable cause of a child's aberrant behavior in his/her classroom. If you are not familiar with this policy please examine it once again.

1. Who is a learning disabled child and how is this determination made?

   A child is considered learning disabled when he/she is deficient in the acquisition of basic learning skills including but not limited to the ability to reason, think, read, write, spell or do mathematical calculations as identified by an educational and psychological diagnosis. A neurological examination performed by a licensed physician is also required. Such term does NOT include persons who have learning disorders which are primarily the result of visual, hearing or motor handicaps or mental retardation or emotional factors or of environmental disadvantage. In ascertaining a learning disability, a certified school psychologist must administer a Stanford Binet or Wechsler intelligence test. The child must demonstrate average or above average functioning on such a test.

Prior to any change in the educational assignment of any exceptional school-aged person or a school-aged person thought to be exceptional, that person and the parent(s) must be provided written and oral notifications specified by School Code and State Board of Education Regulations (due process).

2. What is the parental involvement relative to psychological testing?

   Prior to the administration of any individual testing the parent(s) shall be informed of and given an opportunity to discuss with the appropriate school official:

   a. the test(s) to be administered.
   b. the reason for the testing.
   c. the right to review and discuss test results.

3. Assuming that the parent has agreed to the placement and the specific program for such a child, what then?

   A prescription will have been provided by the learning disabilities specialist (or resource teacher) and the classroom teacher is responsibile for administering, monitoring, and reporting results of such a program as it affects the child in his/her classroom. The classroom teacher should realize that progress of learning disabled children is slow and only a teacher's patience with and understanding of an LD child's deficits will tend to accelerate that progress. In effect, the classroom teacher must temper curriculum demands so that such a child is challenged but not frustrated by an imposition of arbitrary standards, unrealistic in terms of the child's disability.

4. What is the classroom teacher's involvement relative to specialists?

Continuing dialogues between specialists and classroom teachers are necessary for prescription adaptation. If a prescribed activity is not working, the classroom teacher should so inform the specialist at the earliest opportunity.

5. What is the classroom teacher's obligation relative to parental conferences?

Items 5 and 6 in the psychological referral policy refer to conferences. Parents should be invited to participate in these initial conferences. Further, in the absence of specific agreements to the contrary, a staff dealing with LD children should meet with parents at least twice a year to assess the progress of these children. Such meetings should occur as closely as possible to the end of the first semester and the end of the school year. It may be necessary to start scheduling end-of-year conferences early in May so that personnel are not unduly burdened with other end-of-year assignments. Teachers are also required to file quarterly reports of students' progress vis-a-vis the prescriptions. These reports should be filed with the appropriate guidance counselor (MS & HS), or the principal (ES). As indicated in the referral policy, anyone involved in a child's program may initiate a conference request.

6. What is the classroom teacher's obligation relative to interim reports?

No negative interim reports should be sent home to parents/guardians of LD children without prior, specific invitations to parents/guardians to participate in conferences involving the guidance counselor and the teacher(s) involved. After such conferences (or at them) official interim reports should be given/sent to the parents. If parents do not choose to attend such conferences and are apprised of their child's/children's poor progress, such interim reports should be sent home as official records of school-parent communication.

7. What help other than prescriptions by LD specialists and classroom teachers implementing such prescriptions is afforded learning-disabled children?

Each learning-disabled child's deficits are measured by qualified medical and psychological personnel. Based on these evaluations and other data secured from the family and school, specific remedies are prescribed. For instance, deficits in reading are treated by a reading specialist, deficits in other cognitive areas may be handled by the learning disabilities specialists, etc. Aides may be used to help children with orthographic problems which require drill. The amount of individual-time afforded each child out of a classroom depends on the number of deficits he/she has. It is important that classroom teachers understand that such outside time is necessary so that these children get the individual or small group attention they need. Frequently, specialists' time will interfere with the standard program.

8. How is a determination made when a staff member feels the child no longer needs the special program?

Children will exit from this program when they are meeting their potentials. Teachers, specialists or guidance personnel should contact the school psychologist when they think such a situation is occurring. The psychologist shall coordinate such exits according to State Regulations and in conformity with the School Code.

Because of the privileged information contained in the summaries on pages 55-82, they are deleted from this work. However, to give one the flavor of this section, this writer has included one example which appears below. While the example is fictitious, it accurately portrays the kind of data included in the master copy of this work.

ANNUAL SUMMARY - PSYCHOLOGICAL REFERRAL (IPR #5)

Name of Student Lionel Atwater Date May 28, 1976

Grade Fourth

Age 9 years and 7 months

1. Number of Conferences held (specify by dates): (4) 10/29/75, 11/12/75, 3/15/76, & 3/30/76

2. Changes in original recommended approach: Lionel entered the learning disabilities program in March and an emphasis on increasing his attention span and visual sequential memory skills has shown some improvements. Since September, improvement in spelling has a scores growth from 70's to 90's and 100's; math processes have also increased in speed and accuracy.

3. Effects of Implementation: Lionel's organization skills have shown improvement. With direct instruction on an individual or small group basis, supplemented by assistance from the LD specialist, aides and parent volunteers, Lionel has completed Levels 9 - 15 in the Scott Foresman series. Improvement of his handwriting should be a prime target area for fifth grade in addition to following prescriptive recommendations. He has gained in self-confidence and adjusts to routine rather well.

   Further, Lionel is very creative with his hands. I found that he enjoys project work. An example is the contact boards. The detailed wiring was of no problem to Lionel. He was the first to complete the board successfully and was willing to help others less dexterous.

ANNUAL SUMMARY - PSYCHOLOGICAL REFERRAL (IPR #5)

Name of Student [redacted] #2 Date May 28, 1976

Grade Fourth

Age 10 years & 3 months

1. **Number of Conferences held (specify by dates):** (4 +) 10/26/75, 11/12/75, 2/9/76, 10/6/75 + about 2--informal conferences per month as problems have arisen or to monitor specific target areas.

2. **Changes in original recommended approach:**
[redacted] tasks have been divided into slots to improve management of time and organizational skill. Otherwise, prescriptive recommendations and routine procedures have been utilized.

3. **Effects of Implementation:**
Improvement has been noted particularly in reading and math. [redacted] has successfully completed Levels 7,8,9,10,11, and 12 and is about to complete Level 13 of the Scott Foresman Reading Systems. Moreover, he is able to do grade level mathematics, when he takes his time and is able to concentrate. His handwriting has shown improvement in speed without losing accuracy. His inclusion in the LD program from its inception seems to have been most beneficial to [redacted].

Preparer(s) of this report shall sign below. Please indicate status, i.e., psychologist, counselor, teacher, etc.:

[redacted] teacher

[redacted]

ANNUAL SUMMARY - PSYCHOLOGICAL REFERRAL (IPR [illegible])

Name of Student [redacted] #3 Date May 28, 1976

Grade Fourth

Age 11 years & 1 month

1. Number of Conferences held (specify by dates): (2) 10/6/75 & 2/19/76

2. Changes in original recommended approach: In the beginning of the year, [redacted] abilities in reading, math and handwriting were withdrawn and stagnite, however with his new fresh enthusiasm he has made much progress quickly. I have worked independently with [redacted] and in small groups when working on the afore mentioned subject areas.

3. Effects of Implementation:

(see attached sheet)

Preparer(s) of this report shall sign below. Please indicate status, i.e., psychologist, counselor, teacher, etc.:

Teach [redacted]

[redacted]

#3

[redacted] [redacted]

3. His spelling vocabulary has increased by approximately 100 words. [redacted] reading abilities has improved also, partly because of his vocabulary increas. His oral reading is much better. [redacted] is working in the Scott Foresman reading series. He is on Level 9 and working satisfactory in it. Along with Scott Foresman, [redacted] also has been working with supplementary material in the MacMillian reading series. I have worked a great deal with [redacted] on sentence structure, vowels and consonants. [redacted] difficulty lies in the ability to sound words and thus he learns better through sight recognition which aids nicely to learning through association.

Along with working with [redacted] independently on spelling, he is working in the Silver Burdett spelling on the second grade level successfully.

I found [redacted] learns much better through association and with this technique he has made a great deal of progress. His attention span seems to be longer when using the association methods.

Through constant observation, I have discovered that [redacted] could control most of his capital letters when writing, however, his lower case letters caused him trouble. Seeing this, I drew a red line -etween the two blue lines on the paper, so as to make him another guide line. I found this to be [redacted] problem; the lack of a guide line. Also, I discovered that when concentrating so hard on forming his letters correctly, he neglected or didn't see the blue lines on the paper. By making the red lines, they became much more vivid and concentration of forming the letters was now his only concern.

[redacted] has been introduced and drilled on the multiplication tables one through twelve, however, his mastery of them is poor. Constant drill is needed on them. [redacted] basic skills in addition, subtraction, mulitplication, and dividion are fair. The reason behind this is that he has no problem in understanding the concept taught but the difficulty rests in the constant memory loss of his basic facts. Once brought to his attention and reviewed, he can do the problems successfully, however after a lapse of time, he needs a fresh review.

[redacted] is very creative with his hands. I found that he enjoys using them in making projects. An example is the contact boards. The detailed wiring was of no problem to [redacted] He was the first to complete, and successfully at that, and was willing to help others with theirs.

Motivation and interest plays an important part in [redacted] abilities. That is one of the main reasons he works out so well learning through association.

ANNUAL SUMMARY - PSYCHOLOGICAL REFERRAL (IPR #5)

Name of Student [redacted] #4 Date May 28, 1976

Grade Third

Age 8 years

1. Number of Conferences held (specify by dates): (2) 3/23/76
   5/18/76-- by phone & 5/19/76

2. Changes in original recommended approach:
   (none)

3. Effects of Implementation:
   (see attached sheet)

Preparer(s) of this report shall sign below. Please indicate status, i.e., psychologist, counselor, teacher, etc.:

[redacted] Teacher

[redacted]

[redacted] #4

3.

READING - At the beginning of the year, [redacted] was in Level 3 of the Scott, Foresman Reading Program. [redacted] was also placed in the Remedial Reading Program with Mrs. Shay. She is currently in Level 6 of the reading program. [redacted] has increased her vocabulary and is able to use word-attack skills for those words she doesnot know. Her comprehension skills have increased. [redacted] does have difficulty in distinguishing more than one meaning for a word.

MATH - In September [redacted] could not perform simple addition and subtraction without difficulty. She is currently doing 2 and 3 place addition (with carrying once or twice), 2 and 3 place subtraction (with borrowing once or twice), column addition and simple multiplication. [redacted] is learning to distinguish whether or not borrowing or carrying is needed at a much faster rate than before. She is having difficulty with money values, but did well with graphs and the beginning concepts of telling time.

LANGUAGE ARTS - [redacted] is now able to write simple sentences. She can look up words in the dictionary. She can identify guide words but doesnot really know how to use them. [redacted] can identify antonyms but has some difficulty with synonyms and homonyms. [redacted] can now do alphabetical order.

SPELLING - [redacted] is currently doing second grade spelling.

HANDWRITING - [redacted] cursive is becoming more fluent.

[redacted] curriculum next year should include:

READING - [redacted] should continue in the Scott, Foresman Reading Program, probably in Level 6 or 7. She should also continue to see Mrs. Shay.

SPELLING - [redacted] should continue working on Level 1 in Continuous Progress in Spelling, plus a spelling list in her ability level.

MATH - [redacted] program next year should be approached so as to strengthen those addition and subtraction skills' she is currently familiar with. She should be introduced to linear and liquid measurements via concrete ezperiences, fractions and geometry. She should continue working on multiplication while reinforcing addition and subtraction. [redacted] has not yet had division skills.

[redacted] (continued) #4

3. (continued)

RECOMMENDATION FOR RETENTION - My recommendation for [redacted] is retention. I feel that [redacted] is just starting to have some success in her academic subjects. Next year I feel that she will be plunged into a situation where all her confidence will be destroyed because the work does not get easier. Her reading level is lower second grade. Her math skills are weak, and she is still unsure of herself when it comes to a mixed operation worksheets. [redacted] has difficulty understanding social studies and science because her comprehension skills are not fully developed. [redacted] language arts skills are not third grade level.

ANNUAL SUMMARY - PSYCHOLOGICAL REFERRAL (IPR #5)

Name of Student [redacted] A5 Date 5/14/76

Grade 2

Age 8

1. Number of Conferences held (specify by dates): I spoke with the [redacted] twice a week--in person or by phone.

2. Changes in original recommended approach:

[redacted] has to be worked with on an individual basis so that he will not compare himself to others. Math was included in Mrs. Low's area of concentration. I keep [redacted] 2 days a week to work on problem areas. [redacted] needs time to just talk out his problems and fears. He has many outside worries that distract him.

3. Effects of Implementation:

At the beginning of the year, [redacted] could not read at all. Now he can read 60-70% of a page in his reading books. With help he has completed levels 3 and 4 in Scott Foresman reading systems. He has developed the ability to soud out words and he always tries hard. He is less frustrated by reading. He still has difficulty with spelling, but can learn to spell a small list of words if not pressured by time. His handwriting skills have (next page)

Preparer(s) of this report shall sign below. Please indicate status i.e., psychologist, counselor, teacher, etc.:

Teacher - [redacted]

[redacted]

improved slightly. He still has difficulty copying from a paper or the board. Each letter must be defined for him. He has difficulty staying on the lines.

His verbal language skills are good. In math he must be forced to use concrete objects when solving problems. He has difficulty with place value and number sequence.

All his confidence was killed when he was subjected to the Gates MacGinite reading test in April. I could not get him to do anything for days after that. He felt he was "dumb". I recommend he not be given standardized tests again. He should be tested on an individual basis and verbally.

I recommend he continue in the L.D. program and also, in remedial reading. [redacted] has shown growth in areas too difficult to measure. His confidence and his attitude really improved.

Reading - With help [redacted] has completed level 4 in Scott Foresman. He has read one book in level 5. He is about one year below grade level. He can read about 80% of a page written on a first grade level.

He needs to be taught mostly in a verbal manner and individually.

Math - Very erratic. He can do simple addition and subtraction (uses concrete materials). He had no difficulty with fractions when I used pictures and made packages for him. He had no difficulty doing multiplication and division. He was also able to work addition and subtraction with renaming. With help math is on grade level or close.

Spelling - Around 1.8

Handwriting - About 2.3 - He must be forced to take his time and watch lines

Attitude - usually very good.

[redacted] works best on visual tasks when he feels no competition from others. He worked with the aide every day. He has strong verbal skills and remembers what he has been told.

I used the following materials:

- Lippincott Read, Write and Listen Program
- Durrell Murphy Phonics Kit
- Lippincott Lined Paper
- Sandpaper letters
- Phonics We Use Learning games
- Scott Foresman Storybook box
- Alphabet tapes and dittos
- Vowel learning packets
- Continental consonant dittos
- Sequence Cards
- Perceptual Development Cards
- Plastic Tracing Numbers

ANNUAL SUMMARY - PSYCHOLOGICAL REFERRAL (IPR #5)

Name of Student [redacted] #6 Date 5/14/76

Grade 2

Age 7

1. Number of Conferences held (specify by dates): October 31, 1975; December 23, 1975; February 13, 1976 plus many phone conversations.

2. Changes in original recommended approach:

[redacted] time in the L.D. program has been greatly reduced. He sees Mrs. Low about ½ hour each week. He does not have to be as closely supervised. He has assumed responsibility for getting his work done.

3. Effects of Implementation:

[redacted] has become a more fluent reader. He has developed an understanding of phonics and he has increased his sight vocabulary by 75%. He has a good attitude about himself and his work and his school. He has completed levels 3 and 4 in Scott Foresman reading systems. He is ready to begin level 5 next year.

He can spell new words (about 5 a week) taken from a second grade spelling book. His math and handwriting skills are on level. (next pag

Preparer(s) of this report shall sign below. Please indicate status, i.e., psychologist, counselor, teacher, etc.:

Teacher - [redacted]

[redacted]

Annual Report
[redacted] [redacted] #6
Page two

He should have no difficulty in these areas in third grade. I recommend he continue in the reading program.

ANNUAL SUMMARY - PSYCHOLOGICAL REFERRAL (IPR #5)

Name of Student [redacted] #7 Date 5/14/76

Grade 4

Age 10

1. Number of Conferences held (specify by dates):

   November 11, 1975; May 5, 1976

2. Changes in original recommended approach:

   More individualized instruction on a one to one basis.
   Continued remedial reading program.
   Continued learning disabilities program.

3. Effects of Implementation:

   Improvement in sight vocabulary. Some improvement in phonetic analysis. Some improvement (with direct instruction) in fine motor skills using cursive writing. Attitude is still defensive and negative. "I can't do it." Yet [redacted] will try if encouraged and motivated.

   [redacted] does very poor on Standardized tests because he lacks the fine motor skills and patience to mark his answers on the (next page)

Preparer(s) of this report shall sign below. Please indicate status i.e., psychologist, counselor, teacher, etc.:

Teacher [redacted]

[redacted]

3. separate answer sheet. His answers are marked in the wrong places and he erases several lines in his attempts to correct one mistake. He is obviously frustrated and often fills in any answer just to be completed. Some other testing should be provided for him.

He lacks the patience and interest to complete complex cognitive activities on his own but when guided on a small group or one to one basis, he completes many more skills. His distractibility and low frustration level limit his span of concentration. [redacted] reading level improved from a 2^2 level to a 3^1 level.

In math, he can successfully add and subtract but completes only simple multiplication and division. He finds it difficult to complete story problems when he has to decide which process to do. He does not know his basic facts. More drill is needed to memorize the multiplication facts.

His cursive writing is improving and with encouragement, he should continue to improve if he is not pressured or hurried.

A reading prescription should be given to update changes and procedures.

ANNUAL SUMMARY - PSYCHOLOGICAL REFERRAL (IPR 65)

Name of Student [redacted] #8 Date 5/14/76

Grade 4

Age 9

1. Number of Conferences held (specify by dates): see files

2. Changes in original recommended approach:

The recommendations for [redacted] have been modified so that he has been using the Bank Street Reader as a "basic" reading program. The CPS spelling kit is used to help increase his sight/sound vocabulary.

3. Effects of Implementation:

[redacted] has progressed from a pre-primer to end of first grade reading level. His sight vocabulary now includes most of the basic family words plus words from the Bank Street Readers.

His cursive writing has progressed from totally illegible to the point of being able to correctly and neatly write short sentences. His manuscript has improved to the point that he can now do manu-

(over)

Preparer(s) of this report shall sign below. Please indicate status, i.e., psychologist, counselor, teacher, etc.:

Teacher [redacted]

Annual Summary
[redacted]
Page two

3. script of a size related to his age group. [redacted] is now grasping associating sounds with letters. In the beginning of the year, he was not able to do this at all. He is associating beginning and ending consonants. He is able to identify consonant blends through sound.

I feel it would be to [redacted] advantage to be placed in a learning situation next year that is very structured and one in which he could be taught one to one as much as possible.

ANNUAL SUMMARY - PSYCHOLOGICAL REFERRAL (IPR #3)

Name of Student [redacted] #9 Date 5/14/76

Grade 4

Age 9

1. Number of Conferences held (specify by dates):

November 11, 1975; February 25, 1976

2. Changes in original recommended approach:

Continued modification of spelling and language program to emphasize word families using short phonetically regular words. Less stress on cursive writing since this seems to confuse [redacted] and hinder his reading success. Continued individual instruction in a structured success oriented program.

3. Effects of Implementation:

Spelling - [redacted] was given specific word families to study for spelling and language skills with varied repetitious oral and visual activities to strengthen his background of recognition of initial, middle and final sounds. He arranges individual letter shapes to form words and then places the words in proper sequence to form sentences. This helped improve his visual sequential memory.

(next page)

Preparer(s) of this report shall sign below. Please indicate status, i.e., psychologist, counselor, teacher, etc.:

Teacher [redacted]

[redacted]

Annual Report
[redacted]
Page two

3.

Writing - Stress was placed on cursive handwriting and although [redacted] can form most of the letters he cannot read cursive sentences. The cursive lines only confuse him and I feel they should not be emphasized. His manuscript is very neat and spaced accurately.

Math - [redacted] conpletes most fourth grade level math and if his reading level were improved, his math relating to story problems would also improve. Standardized tests do not show his math ability because of the necessary reading involved. He needs charts or lines for basic facts but he knows the procedures for the majority of 4th grade math skills.

Reading - [redacted] has increased his sight vocabulary and phonetic skills by using the Language Master, Durrell Reading Kit, various basic reading books and other activities. He began in a primer at the beginning of the year and completed through books for grade one. He is ready to start second grade reading material. Remedial reading instruction should be continued. A reading prescription should be written to update changes.

Recommendations -

1. Standardized tests frustrate him completely when reading is stressed and most times he can not complete the simple questions. Standardized tests that would be advantageous for Kevin's [redacted] should only be given if necessary.

2. [redacted] needs a gread deal of one to one instruction and a program of structured qctivities that allow continuud. growth of his self-confidence and enjoyment of reading, learning and growing successfully.

ANNUAL SUMMARY - PSYCHOLOGICAL REFERRAL (IPR 05)

Name of Student [redacted] # 10 Date 5/14/76

Grade 4

Age 11

1. Number of Conferences held (specify by dates): Two

January 19, 1976

2. Changes in original recommended approach:

The recommendations were carried out as recommended. Mrs. Low recommended using Bank Street Readers. After some work in these readers, he worked in Scott Foresman (level 7) and then joined Mrs. Shay's special reading group.

3. Effects of Implementation:

His organization skills have improved. We still recommend a built up shoe.

Preparer(s) of this report shall sign below. Please indicate status, i.e., psychologist, counselor, teacher, etc.:

Teachers - [redacted]

[redacted]

[redacted]

ANNUAL SUMMARY - PSYCHOLOGICAL REFERRAL (IPR #5)

Name of Student [redacted] #11 Date 6/8/76

Grade 8

Age

1. Number of Conferences held (specify by dates): 2

(initial) 5/14/76 (year-end reporting)

2. Changes in original recommended approach:

[redacted] biggest area of weakness was that of organizational skills. There were no basic changes in the original recommendations. There were modifications and the eighth grade team expanded on the basic recommendations.

3. Effects of Implementation: [redacted] reading comprehension scores on Gates McGinitie indicated almost a year's growth this school year. All teachers noted an improvement in attitude, and quality of work. [redacted] started to get his assignments done, and to have his work for class most of the time. He kept his notebooks up to date pretty consistently. Specific academic skills included working on language arts and math, which need to be continued next year.

Preparer(s) of this report shall sign below. Please indicate status, i.e., psychologist, counselor, teacher, etc.:

[redacted] (L.D. Spec./SM-

ANNUAL SUMMARY - PSYCHOLOGICAL REFERRAL (IPR #5)

Name of Student [redacted] #12 Date 6/8/76

Grade 8

Age

1. Number of Conferences held (specify by dates): 2

initial and year-end reporting

2. Changes in original recommended approach:

There were no basic changes in the recommendations, and [redacted] will continue to need structure and individualized help next year. He will also need an adaptive program at the high school to help him learn through concrete experience as much as possible, and continue to need audio-visual aids.

3. Effects of Implementation: With the exception of one or two months where [redacted] seemed less positive, throughout most of the year, [redacted] attitude was good. He worked well and tried hard to do the work. This was consistent both with M. Rafter and his other classroom teachers. The previous year showed .4, .2

measurable growth. This year sight vocabulary increased .8 (Gates) and comprehensio also .8 growth.

Preparer(s) of this report shall sign below. Please indicate status, i.e., psychologist, counselor, teacher, etc.:

[redacted] (L-D Spec.)

ANNUAL SUMMARY - PSYCHOLOGICAL REFERRAL (IPR #5)

#13

Name of Student [redacted] **Date** 6/8/76

Grade 5

Age

1. **Number of Conferences held (specify by dates):** 10?
weekly, then bi-weekly until end of April, then 3rd qtr, and year-end rept.

2. **Changes in original recommended approach:** Original recommendation stated begin with simple words. This turned him off, so specific recommendations were modified to using classroom lists and break it down into simple parts for his spelling and sight vocabulary words. Basic recommendations stayed constant for the classroom teachers, requiring greater auditory input and audio-visual aids, as well as individual help and structure for [redacted]

3. **Effects of Implementation:** [redacted] organizational skills and his handwriting improved. As his cursive writing improved dramatically, there were almost no reversals or confusion of upper and lower case, as previously exhibited. [redacted] did well in areas of Social Studies and Science, which he was interested in. It was reported that he "guessed" and "filled in any box" in his Gates test. It is recommended that [redacted] be considered for a resource room placement for next year, to allow for consistency of one teacher, and considerable structure. It is felt that he would have benefited more from his classroom teacher this year (and the consistency of his direction) rather than constantly being taken out of his class for maximum time for reading specialist, L.D. specialist, aides' help, etc. This only frustrated him.

Preparer(s) of this report shall sign below. Please indicate status i.e., psychologist, counselor, teacher, etc.:

[redacted] (L.D. Spec./Dm

ANNUAL SUMMARY - PSYCHOLOGICAL REFERRAL (IPR #5)

Name of Student [redacted] #14 Date 6/8/76

Grade 6

Age 12

1. Number of Conferences held (specify by dates):

3 meetings with teachers (2 included L.D. Spc.)(initial, discussion, rept.)

2. Changes in original recommended approach:

There were no basic changes in the original recommendations, there were some modifications. [redacted] will continue to need structure and individual help and encouragement next year.

[redacted] should be considered for placement in a resource room for next year.

3. Effects of Implementation: [redacted] attitude toward his work has improved. His handwriting and organizational skills have also improved. While there was no measurable growth last year in reading, sight vocabulary gained .8 this year. He also came up in his math skills.

Preparer(s) of this report shall sign below. Please indicate status, i.e., psychologist, counselor, teacher, etc.:

[redacted] (L.D. Spc.)

ANNUAL SUMMARY - PSYCHOLOGICAL REFERRAL (IPR #5)

Name of Student [redacted] #15 Date 6/8/76

Grade 6

Age

1. **Number of Conferences held (specify by dates):**

6 meetings with teachers (2 including L.D. Specialist)

2. **Changes in original recommended approach:**

There were some minor changes and modifications to approaches with [redacted] as discussed with M. Rafter, team of teachers and parents.

3. **Effects of Implementation:** Teachers have noted some improvement in [redacted] reading skills. This is supported by the WRAT test scores, and a .6 gain also in his sight vocabulary scores on the Gates McGinitie. Improvement also noted in math areas. He does well with M. Rafter, but not as well in the regular classroom situation.

Preparer(s) of this report shall sign below. Please indicate status, i.e., psychologist, counselor, teacher, etc.:

[redacted], L.D. Spec.

ANNUAL SUMMARY - PSYCHOLOGICAL REFERRAL (IPR #5)

#16

Name of Student [redacted] Date 6/8/76

Grade 6

Age

1. Number of Conferences held (specify by dates):

   3 meetings (2 included L.D. Spec.) (initial, negative progress, year-end rept)

2. Changes in original recommended approach:

   There were some modifications made with [redacted] initial recommendation. It is recommended for next year that [redacted] be considered for resource room placement as he needs greater structure and consistency of one teacher.

   [redacted] has also been in the Language program and has had extra help from aides.

3. Effects of Implementation: [redacted] works well for M. Rafter, but there seems to be little carry-over to the other classroom teachers situations. However, there had been no growth evident the previous year, but this year, the Gates-McGinitie scores indicated 1.2 years growth in sight vocabulary, and .6 growth in comprehension! This is a greater gain than indicated by the WRAT scores.

Preparer(s) of this report shall sign below. Please indicate status i.e., psychologist, counselor, teacher, etc.:

[redacted], L.D.-Spec.

ANNUAL SUMMARY - PSYCHOLOGICAL REFERRAL (IPR #5)

Name of Student [redacted] #17 Date 6/8/76

Grade 5

Age

1. Number of Conferences held (specify by dates): 2 (initial and year-end reporting) 5/14/76

2. Changes in original recommended approach:

Recommendations were modified and expanded. [redacted] continues to need structure, individual help and auditory input.

3. Effects of Implementation: [redacted] made a full year's growth in sight vocabulary and comprehension, indicated by the Gates McGinitie scores and supported by the WRAT scores. He made gains in arithmetic also.

Preparer(s) of this report shall sign below. Please indicate status, i.e., psychologist, counselor, teacher, etc.:

[redacted] (L.D. Spec.)

ANNUAL SUMMARY - PSYCHOLOGICAL REFERRAL (IPR 05)

Name of Student [redacted] #18 Date 6/8/76

Grade 5

Age

1. Number of Conferences held (specify by dates): 5/14/76

2 (initial, and year-end reporting) (plus 2 informal phone conf.)

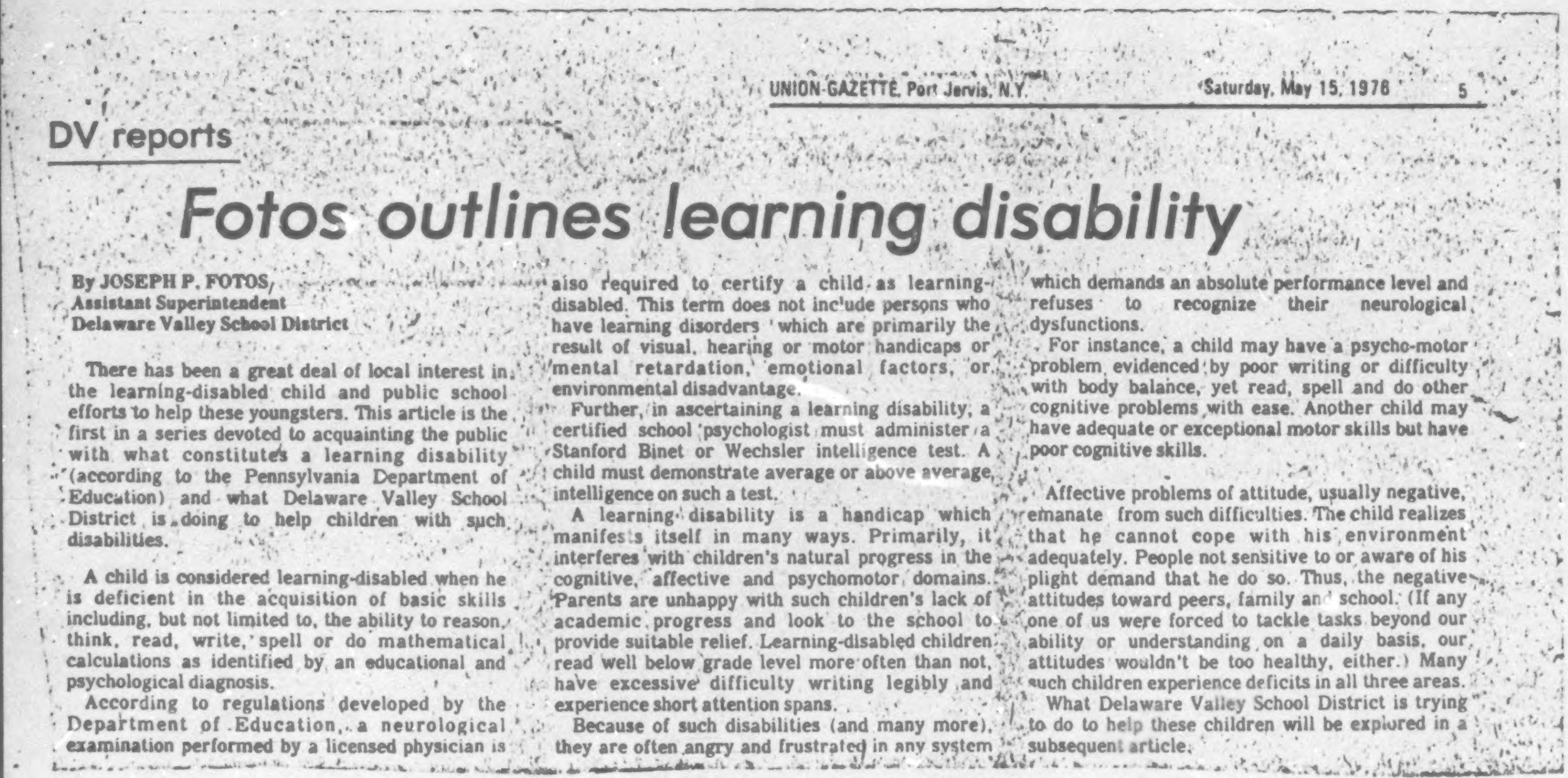
2. Changes in original recommended approach:

There were no changes in the basic recommendations. [redacted] continues to need structure, encouragement, understanding and individual help.

3. Effects of Implementation: [redacted] attitude about school work and herself has improved. Academically she has gained 1.9 years growth in sight vocabulary, indicated by Gates McGinitie scores. The WRAT scores also indicate growth in all areas, reading , spelling, and arithmetic.

Preparer(s) of this report shall sign below. Please indicate status, i.e., psychologist, counselor, teacher, etc.:

[redacted] (L.D. Spec.)



UNION-GAZETTE, Port Jervis, N.Y. Saturday, May 15, 1976 5

DV reports

Fotos outlines learning disability

By JOSEPH P. FOTOS,
Assistant Superintendent
Delaware Valley School District

There has been a great deal of local interest in the learning-disabled child and public school efforts to help these youngsters. This article is the first in a series devoted to acquainting the public with what constitutes a learning disability (according to the Pennsylvania Department of Education) and what Delaware Valley School District is doing to help children with such disabilities.

A child is considered learning-disabled when he is deficient in the acquisition of basic skills including, but not limited to, the ability to reason, think, read, write, spell or do mathematical calculations as identified by an educational and psychological diagnosis.

According to regulations developed by the Department of Education, a neurological examination performed by a licensed physician is also required to certify a child as learning-disabled. This term does not include persons who have learning disorders 'which are primarily the result of visual, hearing or motor handicaps or mental retardation, emotional factors, or environmental disadvantage.'

Further, in ascertaining a learning disability, a certified school psychologist must administer a Stanford Binet or Wechsler intelligence test. A child must demonstrate average or above average, intelligence on such a test.

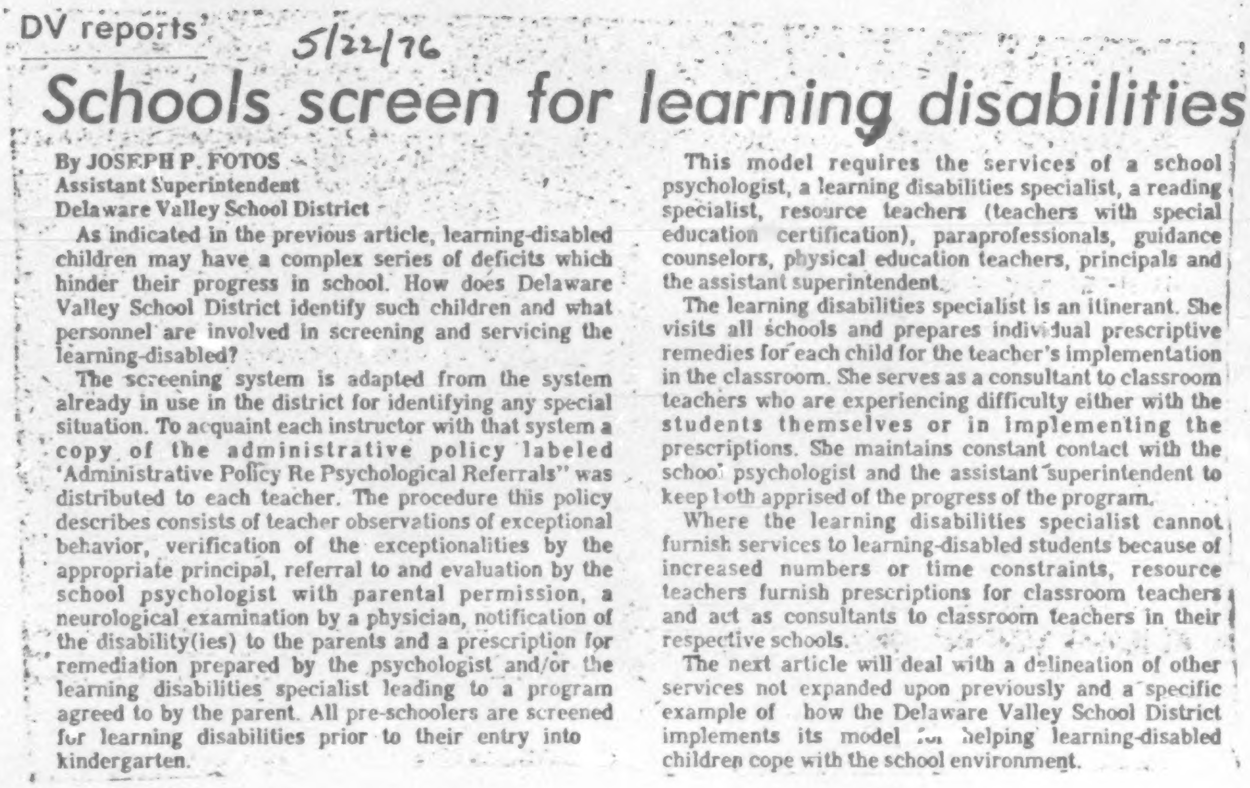
A learning disability is a handicap which manifests itself in many ways. Primarily, it interferes with children's natural progress in the cognitive, affective and psychomotor domains. Parents are unhappy with such children's lack of academic progress and look to the school to provide suitable relief. Learning-disabled children read well below grade level more often than not, have excessive difficulty writing legibly and experience short attention spans.

Because of such disabilities (and many more), they are often angry and frustrated in any system which demands an absolute performance level and refuses to recognize their neurological dysfunctions.

For instance, a child may have a psycho-motor problem evidenced by poor writing or difficulty with body balance, yet read, spell and do other cognitive problems with ease. Another child may have adequate or exceptional motor skills but have poor cognitive skills.

Affective problems of attitude, usually negative, emanate from such difficulties. The child realizes that he cannot cope with his environment adequately. People not sensitive to or aware of his plight demand that he do so. Thus, the negative attitudes toward peers, family and school. (If any one of us were forced to tackle tasks beyond our ability or understanding on a daily basis, our attitudes wouldn't be too healthy, either.) Many such children experience deficits in all three areas.

What Delaware Valley School District is trying to do to help these children will be explored in a subsequent article.



DV reports

5/22/76

Schools screen for learning disabilities

By JOSEPH P. FOTOS
Assistant Superintendent
Delaware Valley School District

As indicated in the previous article, learning-disabled children may have a complex series of deficits which hinder their progress in school. How does Delaware Valley School District identify such children and what personnel are involved in screening and servicing the learning-disabled?

The screening system is adapted from the system already in use in the district for identifying any special situation. To acquaint each instructor with that system a copy of the administrative policy labeled 'Administrative Policy Re Psychological Referrals" was distributed to each teacher. The procedure this policy describes consists of teacher observations of exceptional behavior, verification of the exceptionalities by the appropriate principal, referral to and evaluation by the school psychologist with parental permission, a neurological examination by a physician, notification of the disability(ies) to the parents and a prescription for remediation prepared by the psychologist and/or the learning disabilities specialist leading to a program agreed to by the parent. All pre-schoolers are screened for learning disabilities prior to their entry into kindergarten.

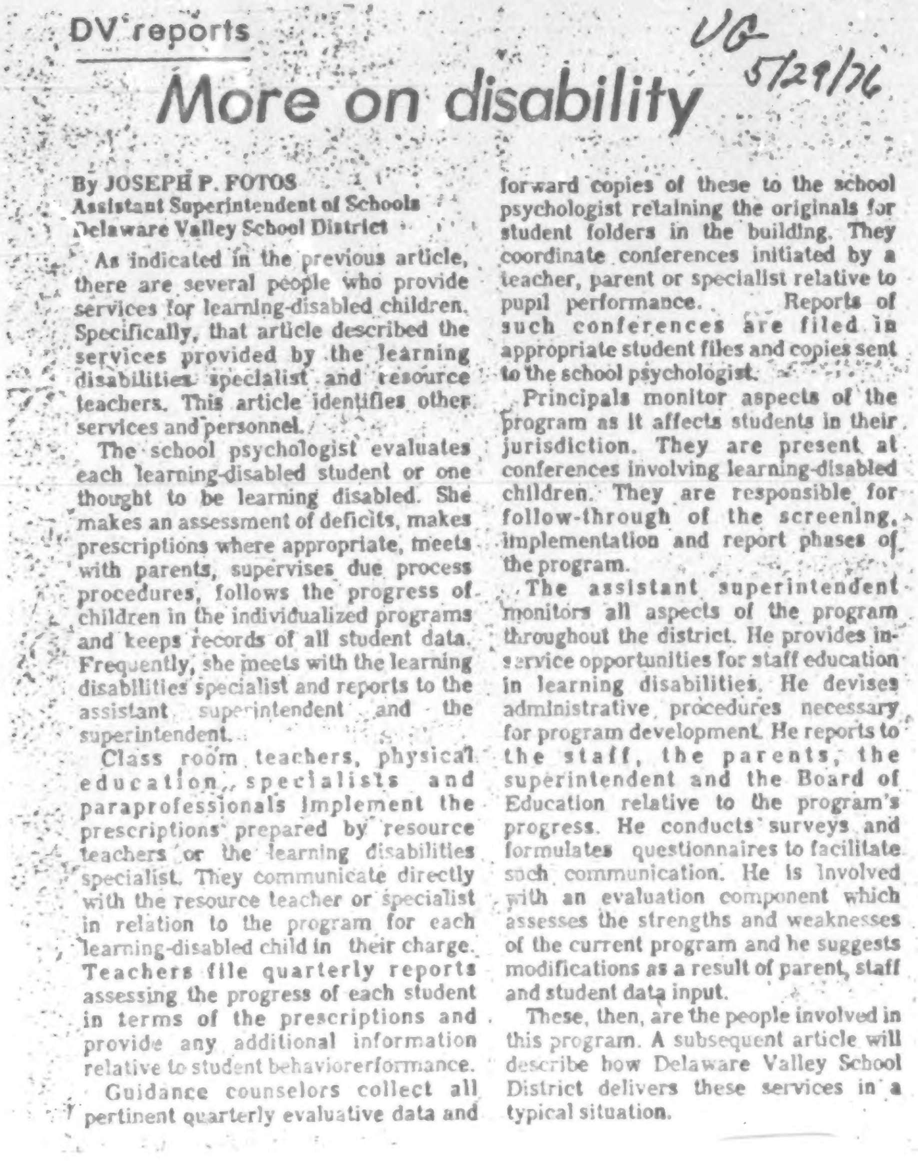
This model requires the services of a school psychologist, a learning disabilities specialist, a reading specialist, resource teachers (teachers with special education certification), paraprofessionals, guidance counselors, physical education teachers, principals and the assistant superintendent.

The learning disabilities specialist is an itinerant. She visits all schools and prepares individual prescriptive remedies for each child for the teacher's implementation in the classroom. She serves as a consultant to classroom teachers who are experiencing difficulty either with the students themselves or in implementing the prescriptions. She maintains constant contact with the school psychologist and the assistant superintendent to keep both apprised of the progress of the program.

Where the learning disabilities specialist cannot furnish services to learning-disabled students because of increased numbers or time constraints, resource teachers furnish prescriptions for classroom teachers and act as consultants to classroom teachers in their respective schools.

The next article will deal with a delineation of other services not expanded upon previously and a specific example of how the Delaware Valley School District implements its model for helping learning-disabled children cope with the school environment.

APPENDIX E



DV reports

VG 5/29/76

More on disability

By JOSEPH P. FOTOS
Assistant Superintendent of Schools
Delaware Valley School District

As indicated in the previous article, there are several people who provide services for learning-disabled children. Specifically, that article described the services provided by the learning disabilities specialist and resource teachers. This article identifies other services and personnel.

The school psychologist evaluates each learning-disabled student or one thought to be learning disabled. She makes an assessment of deficits, makes prescriptions where appropriate, meets with parents, supervises due process procedures, follows the progress of children in the individualized programs and keeps records of all student data. Frequently, she meets with the learning disabilities specialist and reports to the assistant superintendent and the superintendent.

Class room teachers, physical education, specialists and paraprofessionals implement the prescriptions prepared by resource teachers or the learning disabilities specialist. They communicate directly with the resource teacher or specialist in relation to the program for each learning-disabled child in their charge. Teachers file quarterly reports assessing the progress of each student in terms of the prescriptions and provide any additional information relative to student behaviorerformance.

Guidance counselors collect all pertinent quarterly evaluative data and forward copies of these to the school psychologist retaining the originals for student folders in the building. They coordinate conferences initiated by a teacher, parent or specialist relative to pupil performance. Reports of such conferences are filed in appropriate student files and copies sent to the school psychologist.

Principals monitor aspects of the program as it affects students in their jurisdiction. They are present at conferences involving learning-disabled children. They are responsible for follow-through of the screening, implementation and report phases of the program.

The assistant superintendent monitors all aspects of the program throughout the district. He provides in-service opportunities for staff education in learning disabilities. He devises administrative procedures necessary for program development. He reports to the staff, the parents, the superintendent and the Board of Education relative to the program's progress. He conducts surveys and formulates questionnaires to facilitate such communication. He is involved with an evaluation component which assesses the strengths and weaknesses of the current program and he suggests modifications as a result of parent, staff and student data input.

These, then, are the people involved in this program. A subsequent article will describe how Delaware Valley School District delivers these services in a typical situation.

6/5/76

DV reports

School's staff together on disabilities

Assistant Superintendent
Delaware Valley School District

As described in the previous article, there are many people involved in delivering services to a child with learning disabilities. This article explores a typical situation.

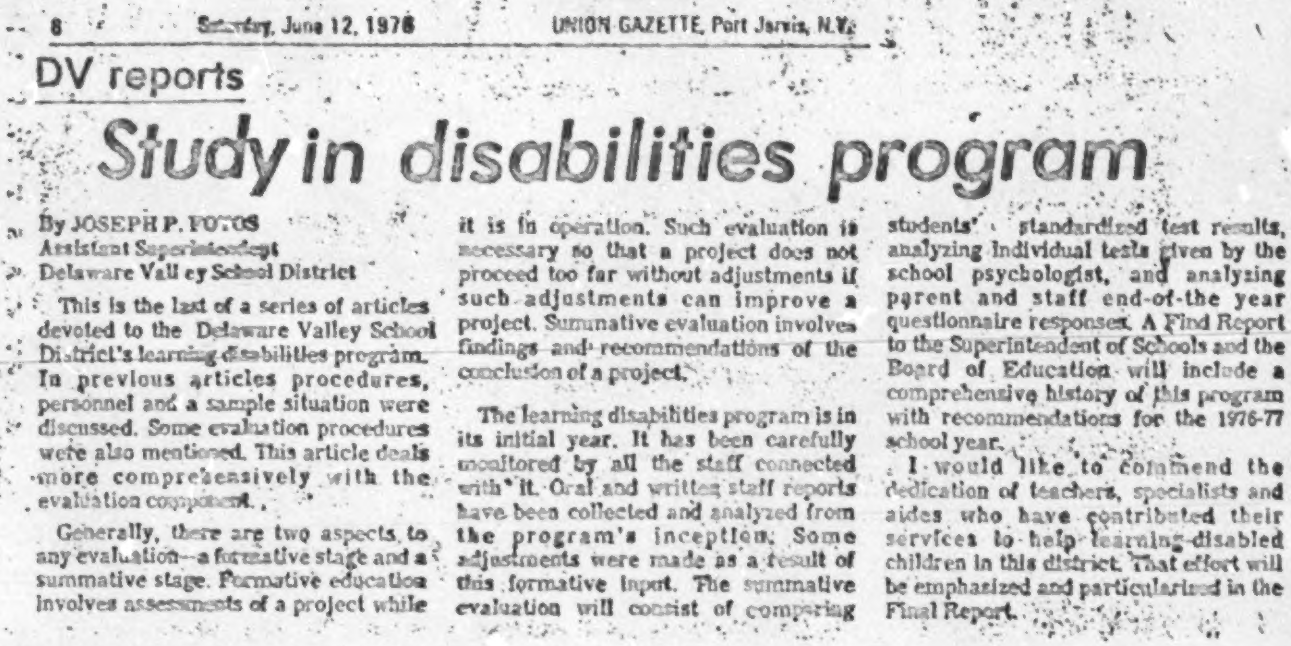
An elementary teacher experiences difficulty with a fourth-grade child who is inattentive, disruptive and academically disadvantaged. She brings this situation to the attention of the building principal by means of a written report describing the child's behavior. The principal verifies the teacher's observations adding her own comments to the report. A referral is made to the school psychologist. The referral is signed by the parents prior to psychological screening. The teacherrincipal report is forwarded to the psychologist along with the referral.

The school psychologist administers a Wechsler intelligence test and a Wide Range Achievement Test. The child registers above average in intelligence, but the WRAT scores in reading, spelling and arithmetic are two or more years below grade level. The child is referred to a neurologist for further testing. The neurologist finds evidence of brain damage.

The school psychologist, the learning disabilities specialist and all other staff directly delivering educational services to the child meet with the parent(s). An agreement is reached specifying how the present program will be altered to remedy the cited deficits for the balance of the school year. This specific program entails the services of a reading specialist, a learning disabilities specialist, paraprofessionals, the physical education instructor and the classroom teacher. The loci of instruction include the regular classroom, the reading laboratory and the gymnasium.

Quarterly reports by each staff member are filed with the principal. A copy is forwarded to the school psycholgist. The child's program is adjusted (if necessary) in light of the quarterly reports or communication between classroom teachers, parents or specialists indicating that such adjustments are necessary.

APPENDIX E



8 Saturday, June 12, 1976 UNION GAZETTE, Port Jervis, N.Y.

DV reports

Study in disabilities program

By JOSEPH P. FOTOS
Assistant Superintendent
Delaware Valley School District

This is the last of a series of articles devoted to the Delaware Valley School District's learning disabilities program. In previous articles procedures, personnel and a sample situation were discussed. Some evaluation procedures were also mentioned. This article deals more comprehensively with the evaluation component.

Generally, there are two aspects to any evaluation--a formative stage and a summative stage. Formative education involves assessments of a project while it is in operation. Such evaluation is necessary so that a project does not proceed too far without adjustments if such adjustments can improve a project. Summative evaluation involves findings and recommendations of the conclusion of a project.

The learning disabilities program is in its initial year. It has been carefully monitored by all the staff connected with it. Oral and written staff reports have been collected and analyzed from the program's inception. Some adjustments were made as a result of this formative input. The summative evaluation will consist of comparing students' standardized test results, analyzing individual tests given by the school psychologist, and analyzing parent and staff end-of-the year questionnaire responses. A Find Report to the Superintendent of Schools and the Board of Education will include a comprehensive history of this program with recommendations for the 1976-77 school year.

I would like to commend the dedication of teachers, specialists and aides who have contributed their services to help learning-disabled children in this district. That effort will be emphasized and particularized in the Final Report.

APPENDIX E

WIDE RANGE ACHIEVEMENT TEST SCORES FOR LD CHILDREN THREE OR MORE MONTHS IN PROGRAM

R = Reading
S = Spelling
A = Arithmetic

Student	Grade	Initial Scores			May -June, 1976 Scores			Net Gain/Loss			Months in Program
		R	S	A	R	S	A	R	S	A	
1.	4	3.8	2.7	4.2	4.8	3.2	4.7	1.0	0.5	0.5	3
2.	4	2.5	2.5	3.9	3.5	2.9	3.9	1.0	0.4	0.0	10
3.	4	2.7	2.2	3.0	3.0	2.5	4.5	0.3	0.3	1.5	10
4.	3	2.0	2.0	2.4	2.8	2.5	3.2	0.6	0.5	0.8	3
5.	2	1.0	1.2	1.0	1.4	1.5	2.4	0.3	0.3	1.4	8
6.	2	1.2	-	-	1.9	1.8	2.6	0.7	-	-	8
7.	4	2.5	2.5	2.5	3.3	2.9	4.2	0.8	0.4	1.7	8
8.	4	1.7	1.7	2.6	2.0	2.2	3.0	0.3	0.5	0.4	9
9.	4	NO SCORES			2.3	2.5	4.5	-	-	-	8
10.	4	2.0	1.8	2.1	2.5	2.3	2.2	0.5	0.5	0.1	10
11.	8	6.6	5.5	6.1	7.3	5.5	6.1	0.7	0.0	0.0	3
12.	8	3.3	3.2	3.9	3.2	3.0	5.3	(0.1)	0.2	1.4	10
13.	5	2.7	2.5	3.6	3.1	3.0	4.5	0.4	0.5	0.9	5
14.	6	2.4	2.0	3.0	2.8	3.0	3.4	0.4	1.0	0.4	10
15.	6	5.5	3.2	3.6	5.6	3.0	3.4	0.1	(0.2)	(0.2)	10
16.	6	2.1	1.5	3.0	2.2	2.3	3.2	0.1	0.8	0.2	10
17.	5	2.4	-	3.0	3.3	2.9	3.9	0.9	-	0.9	8
18.	5	1.7	3.3	3.3	3.9	3.7	4.5	2.2	0.4	1.2	10

APPENDIX E

GATES-MCGINITIE READING SCORES FOR LD CHILDREN THREE OR MORE MONTHS IN PROGRAM

V = Vocabulary
C = Comprehension

		May 1975		May 1976		Net Gain/Loss		Months in Program
Student	Grade	V	C	V	C	V	C	
1.	4	3.0	4.3	4.7	2.7	1.7	-	3
2.	4	2.5	1.8	4.1	3.1	1.6	1.3	10
3.	4	2.0	2.1	2.8	2.1	0.8	0.0	10
4.	3	1.3	1.5	2.7	2.6	1.4	1.1	3
5.	2	1.3	1.4	1.5	2.0	0.2	0.6	8
6.	2	1.6	1.6	1.7	2.4	0.1	0.8	8
7.	4	1.9	2.5	2.9	3.4	1.0	0.9	8
8.	4	1.5	1.7	2.8	2.3	1.3	0.6	9
9.	4	1.3	1.7	2.0	2.1	0.7	0.4	8
10.	4	3.9	3.1	5.8	4.8	1.9	1.7	10
11.	8	6.6	5.1	6.2	6.0	(0.6)	0.9	3
12.	8	3.6	2.9	4.4	3.7	0.8	0.8	10
13.	5	4.8	3.7	Invalid*		-	-	5
14.	6	2.0	2.1	2.8	2.2	0.8	0.1	10
15.	6	4.5	4.5	5.1	Invalid*	0.6	-	10
16.	6	2.0	2.3	3.2	2.9	1.2	0.6	10
17.	5	2.9	2.7	3.9	3.9	1.0	1.2	8
18.	5	2.9	3.3	4.8	-	1.9	-	10

*guessed at answers

APPENDIX F

Delaware Valley School District
105 W. Catharine Street
Milford, PA 18337

IN-SERVICE EVALUATION MARCH 5, 1976

LEARNING DISABILITIES - ELEMENTARY STAFF RESPONSES

1. The organization of the workshop was:

Excellent						Poor
7	6	5	4	3	2	1
18	16	9	2	2		

2. The objectives of the workshop were:

Clearly Evident						Vague
7	6	5	4	3	2	1
23	8	11	1	3	1	

3. The work of the consultant(s) was:

Excellent						Poor
7	6	5	4	3	2	1
23	11	9	1	1		1

4. The ideas and activities presented were:

Very Interesting						Dull
7	6	5	4	3	2	1
24	10	7	4	1		

5. The scope (coverage) was:

Very Adequate						Inadequate
7	6	5	4	3	2	1
12	14	11	7	1		1

6. My attendance at this workshop should prove:

Very Beneficial						No Benefit
7	6	5	4	3	2	1
19	9	10	3	4	1	1

7. Overall, I consider this workshop:

Excellent						Poor
7	6	5	4	3	2	1
19	12	10	4	1		1

8. Do you feel a need for additional information about the topic?

1. Yes	2. No	3. NA
40	4	3

STRONG FEATURES

Provided what to look for re LD in the classroom: 1
Interesting: 4
Pertinent information: 5
Clear explanations: 2
Sheets and filmstrips: 9
Role Playing: 1
The lecturer/lecturer's presentation: 6
The opening activity: 2
All parts/ variety of activities: 2
None: 1
Recognition of LD child: 1
Very Knowledgeable girl: 2
Better than the majority we've had: 1

Page 2 - Elementary Responses re Learning Disabilities

WEAKER FEATURES

Not enough time: 7
Group too large: 1
Difficulty in hearing what others said: 1
Library not the best location for such a large group: 1
Practical compensations: 1
Disjointed, little specific information: 1
Too general for teachers: 2
Less lecture and more activities:
None: 4
What to do in classroom for LD child: 1
Not enough knowledge of specific needs for district: 1
Some teachers seemed not to be very interested and were disruptive at times: 1

GENERAL COMMENTS

Well presented and provided additional information: 2
Good program: 1
Need materials/ideas to use for individual problem areas: 4
Loved it: 1
Worthwhile: 3
We need more: 2
Enjoyed the program and learned a great deal: 1
Leader helpful and pleasant: 2
Too much talk about specific tests: 1
Our district LD specialist has told us everything this one did: 1
Suggestions idealistic - we need more help: 2
Excellent/Fantastic: 2
I really feel I've gained from this speaker ideas for my class: 1

APPENDIX F

Delaware Valley School District
105 W. Catharine Street
Milford, PA 18337

IN-SERVICE EVALUATION MARCH 5, 1976

LEARNING DISABILITIES - MIDDLE SCHOOL STAFF RESPONSES

			7	6	5	4	3	2	1	
1.	The organization of the workshop was:	Excellent	19	9	9	1				Poor
2.	The objectives of the workshop were:	Clearly Evident	13	14	9	2				Vague
3.	The work of the consultant(s) was:	Excellent	16	14	7	1				Poor
4.	The ideas and activities presented were:	Very Interesting	13	14	9	2				Dull
5.	The scope (coverage) was:	Very Adequate	10	11	12	3	1	1		Inadequate
6.	My attendance at this workshop should prove:	Very Beneficial	9	17	9	1	1	1		No Benefit
7.	Overall, I consider this workshop:	Excellent	9	19	8	2				Poor

		1. Yes	2. No	3. N.A.
8.	Do you feel a need for additional information about the topic?	31	3	4

STRONG FEATURES OF WORKSHOP

Identifying/recognizing LD child: 4
Informative: 4
Variety of techniques to convey information: 3
Made me more aware of my students' needs: 2
Excellent materials (filmstrip, handouts, etc.): 11
Relevant, well prepared: 6
Gave a good, basic understanding of LD: 1
Beginning activity: 2
The instructor: 5
Learning what these students are up against and how I can help: 1

Page 2 - Middle School Responses re Learning Disabilities

WEAK FEATURES OF WORKSHOP

One of our Administrators, Psychologist or persons who take care of it in our district should have been here to answer additional questions: 1
Little that can be used by a teacher with 30 others to worry about: 1
More in classroom procedures could have been presented: 2
Time too short: 5
Too much lecture: 1
Too large a group: 1
Did not explain our district's procedures and policies on the LD student: 1
No concrete ideas for content areas: 1
What does one do to get help in this district?: 1
Seeming lack of interest and involvement of some of the teachers except for a few "loaded" questions: 1
Inadequate facilities: 1

GENERAL COMMENTS

One of the best/better in-service programs since I've been here: 2
Very beneficial/helpful: 2
Now I will be more aware of some of my students who have this problem: 1
Looked good-sounded fine, but will it be implemented in time?: 1
Good/very good: 4
Consultant was interesting: 3
Fairly/considerably informative: 2
Instructor pleasant and easy to listen to: 1
We need IU's help, not only with LD's but other problems as well: 2

APPENDIX F

Delaware Valley School District
105 W. Catharine Street
Milford, PA 18337

IN-SERVICE EVALUATION MARCH 5, 1976

LEARNING DISABILITIES - HIGH SCHOOL STAFF RESPONSES

		7	6	5	4	3	2	1	
1. The organization of the workshop was:	Excellent	15	17	3	1				Poor
2. The objectives of the workshop were:	Clearly Evident	10	15	11					Vague
3. The work of the consultant(s) was:	Excellent	15	17	4					Poor
4. The ideas and activities presented were:	Very Interesting	12	18	4	2				Dull
5. The scope (coverage) was:	Very Adequate	6	13	13	4				Inadequate
6. My attendance at this workshop should prove:	Very Beneficial	7	11	13	4				No Benefit
7. Overall, I consider this workshop:	Excellent	10	15	10	1				Poor

	1. Yes	2. No
8. Do you feel a need for additional information about the topic?	35	1

STRONG FEATURES OF WORKSHOP

Good variety of materials: 8
Good organization: 2
Lecturer very competent/knowledgeable: 7
Placing us in situations which have us identify with children: 1
Statistics on LD: 1
Diagnosing/recognizing LD students: 3
Excellent presentation/excellent consultant: 7
Speaker very interesting: 3
Gave ideas to cope with child's problem: 4
Good teaching techniques employed: 1
Good explanation of topic: 5
Definition of LD was good: 1
Sincerity of consultant: 1
The need for understanding and compassion for the LD child. This is lacking in many teachers: 1

Page 2 - High School Responses re Learning Disabilities

WEAK FEATURES OF WORKSHOP

Need more specifics for classroom: 2
More information re help we can get in district: 4
Question of IU involvement and how we can get more help not answered properly: 2
Follow-up by district personnel as to our progress: 1
She seemed mean at first: 1
Not enough time: 3
Program seemed geared to an LD teacher: 1

GENERAL COMMENTS

This was the best/one of the best in-service presentations we've ever had: 2
We need to learn more in this area: 2
I feel that there is a need for LD personnel and this is all that the workshop accomplished: 1
Leader covered questions well: 1
High School teachers can not evaluate LD students because of general lack of reading skills and basic skills: 1
This district's performance in helping LD students is very poor. Specialists from the IU are not used: 1
I feel much more adequate in the area: 1
Consultant should have been provided with DV's policy: 1
Very interesting and beneficial session: 1
Most informative - possible work-up for elementary, middle, high school levels independently: 1
Obvious that if one does what he should do for these children, we need help: 1
It helped make a seemingly useless day worthwhile: 1
Enjoyable and informative: 1
Quite good: 2